# Special Event Liquor License Application Attachment B

Licensing Office 55 North Center Street PO Box 1466 Mesa, Arizona 85211-1466 480-644-2316 Telephone 480-644-3999 Fax www.mesaaz.gov



LICENSING OFFICE

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If you are having alcohol sales you will need to obtain a Special Event Liquor License or an Extension of Premises from City of Mesa Licensing Office. This must be submitted at least 60 days prior to the event. A license is required with special provision outlined. Plan a minimum of 60 days to complete this process.

Check all that apply:

Free/Host Alcohol Alcohol Sales Host and Sale Alcohol

	Beer
	Beer and Wine
$   \propto $	Beer, Wine and Distilled Spirits

Do you plan to secure a:

**Special Event Liquor License** - The Special Event Liquor License fee is \$25 and must be approved by the City Council. After city approval, your application must be submitted to and approved by the State of Arizona. There are fees involved at the State. A non-profit association must obtain this license. (Complete State of Arizona Special Event Liquor Application and site plan.)

OR

**Extension of Premises License** There is no fee involved with the Extension of Premises. This is allowed when a liquor license is already in affect and you want to extend the area where liquor is sold. (Complete State of Arizona Extension of Premises Application and site plan.)

Please describe your security plan to ensure the safe sale or distribution of alcohol at your event A SPECIFIED

BEER	GARDE	NW	U BE	- DESIGNI	MED	> W/I	BARRICADES	+ A	SECURIO	/
									/	•
GANKE TO GIFT IN. ID'S CHELLED & BAR/COUNTER /										

If applying for a Special Event Liquor License the following must be provided:

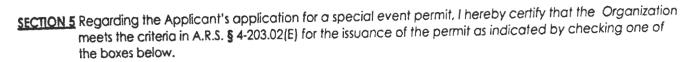
THE LEUKEMIA 3 LYMPTO	MA SOLIETV	13-SL	944916
Charity's or Organization's Name		501 (C)#	
NADMI MARTINEZ	DEVELOPMENT	SPECIALIST	UD. 567.7612
Name of Contact at Charity/Organization	Title with Organizati	ion Ph	ione Number
MIKA'S GREEK			

On-Site Agent Responsible for Liquor

How will attendees over the age of 21 be identified?	VERIFICATION	DEVICE (IDV	) n/
DATA CAPMICE - HANDHELD			/

What controls wi	ill be used to k	eep attende	es under the	age of 21 from	obtaining alco	hol at the eyent	, WRIST	
BANDS	Ped	FUR	21+	OLDER	PLUS	ID V.		
Will food be serv	ved? Thes	] No If yes	, what type	of food will be	served FOOD	TRUCKS	AND SIN BOR	¢
Seating capacity c	of designated a	rea: #	60 F	TUS STA	NDING	AVELTA		

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BOD W Washington Sth Floor Phoenk, AZ 8500-2934     www.atiliquor.gov     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-5141     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-514     (602) 542-	LICENSING OFFICE
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(Please complete if anyone other than the organization is receiving profits or assisting in the managing of the event)         CTION 2       Non-Profit/RS Tax Exempt Number: 13-5644916         CTION 3       Event Location: Ski Pro         Event Address:       1924 W Rio Salado Pkwy Mesa, AZ 85201         CTION 4       Applicant must be a member of the qualifying organization and authorized by an Officer, Director, or Chairperson of the Organization.         Applicant:       Brewer         Low       Non-Profit/RS Tax Exempt Number:         Applicant's mailing address:       Brewer         State       Cary         Applicant's mailing address:       Jim. Brewer         Jim. Brewer       Applicant's business phone:         Applicant's email address:       Jim. Brewer         Jim. Brewer       Action         Applicant's email address:       Jim. Brewer         Light full the application and the contents and all statements are true, correct and complete.         X       Applin         Year	TION 1 Name of Organization: The Leukemia & Lymphoma Society
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Levit     Print     Middle     Dofe of Beth       Applicant's mailing address:     3877.N.THD SH# 300     Phoenix     AZ     \$5014       Applicant's mailing address:     3877.N.THD SH# 300     Phoenix     AZ     \$5014       Applicant's home/cell phone:     REDACTED     Applicant's business phone:     400     607     5107     200       Applicant's email address:     Jim.brewcrells.org     Active     Applicant's business phone:     600     607     5014       Applicant's email address:     Jim.brewcrells.org     declare that I am the APPUCANT filing this application as listed above. I have read the application and the contents and all statements are true, correct and complete.     X     Applicantre     8/4/18     REDACTED       Y     Signature     Ittle/Position     Date     9/4/18     REDACTED       Year     Year     Application     Application     9/18       Year     County of No.org     Apple     Apple     Apple       Year     Date     Part     Year     Year       Year     Apple     Apple     Apple     Apple       Year     Apple     Apple     Apple     Apple       Year     Year     Apple     Apple     Apple       Year     Apple     Apple     Apple     Apple </td <td></td>	
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Applicant's home/cell phone: REDACTED	opticant's mailing address: 3877 N.7+12 St.# 300 Phoenix Az 85014
Applicant's email address: <u>Jim.brawcr@lls.org</u> L (Mint Full Nome) <u>James A. Briwith</u> declare that I am the APPLICANT filing this application as listed above. I have read the application and the contents and all statements are true, correct and complete. X <u>June like Dif</u> <u>Bluf18</u> <u>REDACTED</u> Phone Number Title/ Position <u>Date</u> <u>Phone Number</u> Mage 1 of 5 Individuals requiring ADA accommodations call (602)542-2999	
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Individuals regulring ADA accommodations call (602)542-2999	
Individuals regulring ADA accommodations call (602)542-2999	
BI CALE MANICOPA COUNTY	Notary Public - State of A
April 26, 2019	My Commission Expi



(1) The Applicant is a political party or a campaign committee supporting a candidate for public office. Please indicate the name of the candidate that the Applicant supports, the office that the candidate seeks, and the month and year that the applicant would first fill the office if successful.

Candidate:	04:	Month/Year
Name	Office	Month/Tear

(2) In the Applicant is a non-profit entity organized in Arizona, or pursuant to the laws of another state that is eligible for designation as a nonprofit entity under Section 501 (C) of the internal revenue code of the United States. If the Applicant is applying under option (2) as a nonprofit entity, please also INITIAL in the space provided next to all following statements to indicate that, to the best of the applicant's knowledge, they are true and correct.

The Applicant has received a determination letter from the Internal Revenue Service ("IRS") indicating that it is eligible for designation as a nonprofit entity under Section 501 (C), eligibility or will be eligible on all days that the special event will occur, or has a pending application with the IRS for such treatment that has not been resolved but that will retroactively cover all days that the special event will occur. (Please provide a copy of either the IRS determination letter or the application [without attachments] with this application).

\_ The Applicant is not aware of any action by the IRS to revoke, suspend, or otherwise eliminate the Applicant's eligibility under 501 (C), or if there is a pending application, the Applicant has not received any indication that the IRS will deny its application and has a good faith basis formed upon a reasonable inquiry into IRS regulations, guidelines, and forms that it is eligible under 501 (C).

The Applicant understands that if there is a change in circumstances after completing this form that may cause or has caused it to lose its eligibility under 501 (C), whether before or after receiving an IRS determination letter, that it has an affirmative duty to notify the Department of Liquor, which may then take appropriate action with regard to the loss of eligibility.

To be completed only by an Officer, Director, or Chairperson of the organization.

I, (Print Full Name)	
X	REDACTED
state <u>Dizma</u> County of <u>Mai capa</u>	Year
My Commission Expires on: Optil 24, 2019 Jana france Signature Signature	LAURA J. PENA Notary Public - State of Arizona MARICOPA COUNTY My Commission Expires

SECTION 6 Will this event be held on a currently licensed premise and within the already approved premises? (If yes, Local Governing Body Signature not required)

	Name of Business	Ucense Number	Phone (Inclu	de Area Code)
8/3/2017	Individuals requiring ADA	Page 2 of 5 accommodations call (602)542-2999		LAURA J. PENA Notary Public - State of Arizona MARICOPA COUNTY My Commission Expires April 26, 2019

		· · · · · · · · · · ·
	SECTION 7 How is this special event going to conduct all dispensing, serving, and selling of spirituous liquors? Please re 318 for explanation and check one of the following boxes.	ad R-19-
	Place license in non-use	
	Dispense and serve all spirituous liquors under retailer's license Dispense and serve all spirituous liquors under special event	
	(IF USING RETAIL LICENSE, PLEASE SUBMIT A LETER OF AGREEMENT FROM THE AGENT/OWNER OF THE LICENSED PREMISES TO SUSI RUN CONCURRENT WITH THE PERMANENT LICENSE DURING THE EVENT. IF THE SPECIAL EVENT IS ONLY USING A PORTION OF THE PL AGENT/OWNER WILL NEED TO SUSPEND THAT PORTION OF THE PREMISES.)	REMISES,
; ; 1	SECTION 8	
	What is the purpose of this event? 🖸 On-site consumption 🔲 Off-site (auction/wine/distilled spirits pull) 🔲 Bath	
	SECTION 9	
	<ol> <li>Has the applicant been convicted of a felony, or had a liquor license revoked within the last five (5) years?</li> <li>Yes</li> <li>You (if yes, attach explanation.)</li> </ol>	
	2. How many special event days have been issued to this organization during the calendar year?	
	3. Is the organization using the services of a promoter or other person to manage the event? Yes No (If yes, must be a licensed contractor or licensee of series 6, 7, 11, or 12)	
	4. List all people and organizations who will receive the proceeds. Account for 100% of the proceeds. The organi applying must receive 25% of the gross revenues of the special event liquor sales. Attach an additional page if nece	zation ssory.
	Name The Leukemia & Lymphoma Society Percentage: 25%	
	Name       The Leukemia & Lymphoma Society       Percentage:       25%         Address       3877 N 7th St Suite 300 Phoenix, AZ 85014       25%	
	Name Mika's Greek Percentage: 75%	
	Address 1336 N Scottsdale Rd Scottsdale, AZ 85257	
	Street City State Zip	
	Please read A.R.S. § 4-203.02 Special event license; rules and R19-1-205 Regulrements for a Special Event License.	
	Note: ALL ALCOHOLIC BEVERAGE SALES MUST BE FOR CONSUMPTION AT THE EVENT SITE ONLY.	
4	NO ALCOHOLIC BEVERAGES SHALL LEAVE A SPECIAL EVENT UNLESS THEY ARE IN AUCTION WINE OR DISTILLED SPIRITS PUI SEALED CONTAINERS OR THE SPECIAL EVENT LICENSE IS STACKED WITH WINE /CRAFT DISTILLERY FESTIVAL LICENSE.	L
5. WI (Lis	/hat type of security and control measures will you take to prevent violations of liquor laws at this event? st type and number of police/security personnel and type of fencing or control barriers, if applicable.)	
2	Number of Police 4 Number of Security Personnel	912
Expl	Ionotion: Entire event will be fenced with one enterance/exit. Inside fenced area will be a beer garden which will have barricades	
•	d security checking ID's to get into beer garden	
	· ·	
<u></u>		
8/3/2017	Page 3 of 5 Individuals requiring ADA accommodations call (602)542-2999	

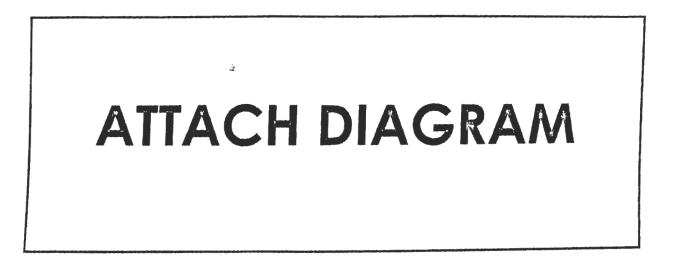
SECTION 10 Dates and Hours of Event. Days must be consecutive but may not exceed 10 consecutive days. See A.R.S. § 4-244(15) and (17) for legal hours of service.

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### PLEASE FILL OUT A SEPARATE APPLICATION FOR EACH "NON-CONSECUTIVE" DAY

	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM
DAY 1:	10/20/18	Saturday	6pm	10pm
DAY 2:				
DAY 3:				
DAY 4:				
DAY 5:	·	ž		
DAY 6:				<u></u>
DAY 7:	<b></b>			
DAY 8:				
DAY 9:				
DAY10:				

SECTION 11 License premises diagram. The licensed premises for your special event is the area in which you are authorized to sell, dispense or serve alcoholic beverages under the provisions of your license. Please attach a diagram of your special event licensed premises. Please show dimensions, serving areas, fencing, barricades, or other control measures and security position.



5

Page 4 of 5 Individuals requiring ADA accommodations call (602)542-2999 Please contact the local governing board for additional application requirements and submission deadlines. Additional licensing fees may also be required before approval may be granted. For more information, please contact your local Jurisdiction: http://www.azliquor.gov/assets/documents/homepage\_docs/spec\_event\_links.pdf.

( **1** |

### SECTION 12 Local Governing Body Approval Section.

Date Received:			
l,(Government Official)	(Title)	commend DAPPROVAL	DISAPPROVAL
On behalf of(City. Town, County)		Date	Phone

#### SECTION 13 For Department of Liquor Licenses and Control use only.

BY:	_ DATE://
· · · · · · · · · · · · · · · · · · ·	

#### A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

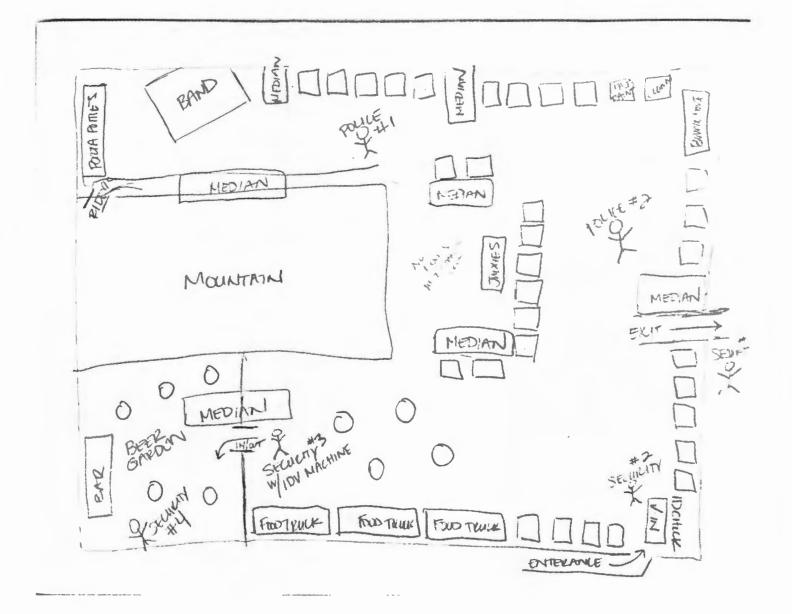
D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.

E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.

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- Frequently asked questions Exempt Organizations Select Check
- Revocations of 501(c)(3) Determinations
- Suspensions Pursuant to Code Section 501(p)
- Exempt Organizations Business Master File Extract (EO BMF): a list of organizations recognized as exempt by the IRS
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