## Special Event Liquor License Application Attachment B

June 19, 2013

Licensing Office
55 North Center Street Mailing
Address:
PO Box 1466
Mesa, Arizona 85211-1466
480-644-2316 Telephone

480-644-3999 Fax www.mesaaz.gov/business/licensing

MLEETING 12/10/18



OCT 3 2018

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If you intend to serve alcohol at your special event, 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 provisions 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, Wine and Distilled Spirits Beer and Wine 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. This license can only be obtained by a non-profit organization, 501(C). (Complete the State of Arizona Special Event Liquor Application and site plan.) Extension of Premises License - There is no fee involved with the Extension of Premises. This is allowed when a liquor license is already in effect and you want to extend the area where liquor is sold. (Complete the State of Arizona Extension of Premises Application and site plan.) If this is an Extension of Premises, are there any other activities taking place except for the sale of liquor in the extended area? No Yes Type of activities taking place: Please describe your security plan to ensure the safe sale or distribution of alcohol at your event round. Directors OF WING OF FIGHT AND FOUR AREADS OF CAMPBELL'S CREWCARES WILL ROAM AREA FOR SECURITY ATA CONTENT OF ALCOHOL DURING EVENT
If applying for a Special Event Liquor License the following must be provided: AMPBIELLIS CREW CARES Charity's or Organization's Name REDACTED FAULKNER Name of Contact at Charity/Organization Title with Organization Phone Number FAULKNER On-Site Agent Responsible for Liquor How will attendees over the age of 21 be identified? ALL INVITES GRESTS WILL BE OVER ZI. VOLUNTEER WILL CHECK ID AND ISSUE A NRISTBAND OF STAMP TO GUESTS THAT ARE OVER THE AGE OF 21. What controls will be used to keep attendees under the age of 21 from obtaining alcohol at the event? YOUNTEELS WEST HAS A WRIST BAND/OR STAMP PRIOR TO SERVING AN Will food be served? X Yes I No If yes, what type of food will be served HEAVY ARETIZERS Seating capacity of designated area: # 100-200



### Arizona Department of Liquor Licenses and Control 800 W Washington 5th Floor Phoenix, AZ 85007-2934 www.azliquor.gov (602) 542-5141

FOR DLLC USE ( Received Date:	
Job #:	
CSR:	
License #:	

### APPLICATION FOR SPECIAL EVENT LICENSE

Fees: \$25.00 per day for 1-10 days (consecutive) Cash Checks or Money Orders Only A service fee of \$25.00 will be charged for all dishonored checks (A.R.S § 44-6852)

IMPORTANT INFORMATION: This document must be fully completed or it will be returned.

The Department of Liquor Licenses and Control must receive this application ten (10) business days prior to the event.

SECTION 1 Applic authorized by an O	ant must be a member o fficer, Director, or Chairpers	f a qualifying nonprofit on of the Organization.	organization, political par	ty, or Government entity and
1. Applicant:	AULKNER S	SHANE	M.	REDACTED
2. Applicant's mail	ing address: 18648 f	= ARROWHEAD	Middle DUFFU Chica	Date of Birth
3. Applicant's home		ČTED AD	city plicant's business phone:	State Zip
4. Applicant's emai	il address: SHANE 7.	37E COX NET		(12) <u>Cup - ()4/4</u>
	f Organization, Candidate		AMPBELLIS OF	REW CARES
Name o	f Licensed Contractor (if a	iny):		
SECTION 3 Non-Prof	fit/IRS Tax Exempt Number:	82-268	7796	
SECTION 4 Event Lo	ocation: WINGS OF FE	16HT FOUND ATTON	HANGAR FALPE	W EGIN GIORA
Event Ac	ddress: 4863 E,	FALCON DE	MECA AT RE	COS
<u>SECTION 5</u> Dates an	d Hours of Event. Days mus § 4-244(15) and (17) for legal ho	the consecutive but me	y not exceed 10 consecuti	ve days.
	PLEASE FILL OUT A SEPAR	ATE APPLICATION FOR E	ACH "NON-CONSECUTIV	E" DAY
	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM
DAY 1:	2/22/2019	FRINAY	6:00 PM	9:30PM
DAY 2:				
DAY 3:		_	10	
DAY 4:				
**	150			
DAY 5:				
DAY 5: DAY 6:				
DAY 6:				
DAY 6: DAY 7:				
DAY 6: DAY 7: DAY 8:				

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Page 1 of 4 Individuals requiring ADA accommodations call (602)542-2999

SECTION 6 What type of security and control measures will you take to prevent violations of liquor laws at this event?  (List type and number of police/security personnel and type of fencing or control barriers, if applicable.)	
Number of Police Number of Security Dance	
Explanation: Four Four And	arriers
SECURITY AND CONTROL WITHIN EVENT ATREA, GLESTI IN'S WILL BECHECKED WITH TICKET	
ENTRY AND ABAND ISTAMP ISSUED IF ATOLONER 21 YRS OF AGE VOLUNTEGES WILL	
BAMSTAMP PRIOR TO SERVING ALCOHOL TO GERESTS.	VEC
SECTION 7 Will this event be held on a currently licensed premise and within the already approved premises? Yes No (If yes, Local Governing Body Signature not required)	
Name of Business License Number Phone (Include Area Code)	
SECTION 8 How is this special event going to conduct all dispossing continuous to the second	
	-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	
Split premise between special event and retail location	
(IF USING RETAIL LICENSE, PLEASE SUBMIT A LETTER OF AGREEMENT FROM THE AGENT/OWNER OF THE LICENSED PREMISES TO SUSPEND OF CONCURRENT WITH THE PERMANENT LICENSE DURING THE EVENT. IF THE SPECIAL EVENT IS ONLY USING A PORTION OF THE PREMISES.)	R RUN MISES,
SECTION 9 What is the purpose of this event?  On site consumption Off-site (auction/wine/distilled spirits pull)	
SECTION 10	
1. Has the applicant been convicted of a felony, or had a liquor license revoked within the last five (5) years?  Yes No (If yes, attach explanation.)	
How many special event days have been issued to this organization during the calendar year?      (The number cannot exceed 10 days per year.)	<u></u>
3. Is the organization using the services of a licensed contractor or other person to manage the sale or service of alcoho	
Yes No (If yes, must be a licensed contractor or licensee of series 6, 7, 11, or 12)	1?
4. List all people and organizations who will receive the proceeds. Account for 100% of the proceeds. The organizations must receive 25% of the gross revenues of the special event liquor sales. Attach an additional page if necess	
Name CAMPBEU'S CREW CARES Percentage: 100 %	y .
Name <u>CAMPBEU'S CREW CARES</u> Percentage: 100 %  Address 18648 E ARROWEANTRY, QUEEN CREEK AZ 8514Z	_
Name	
AddressPercentage:	_
Street City State Zip	—

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Please read A.R.S. § 4-203.02 Special event license; rules and R19-1-205 Requirements for a Special Event License.

Note: ALL ALCOHOLIC BEVERAGE SALES MUST BE FOR CONSUMPTION AT THE EVENT SITE ONLY.

NO ALCOHOLIC BEVERAGES SHALL LEAVE A SPECIAL EVENT UNLESS THEY ARE IN AUCTION WINE OR DISTILLED SPIRITS PULL SEALED CONTAINERS OR THE SPECIAL EVENT LICENSE IS STACKED WITH WINE / CRAFT DISTILLERY FESTIVAL LICENSE.

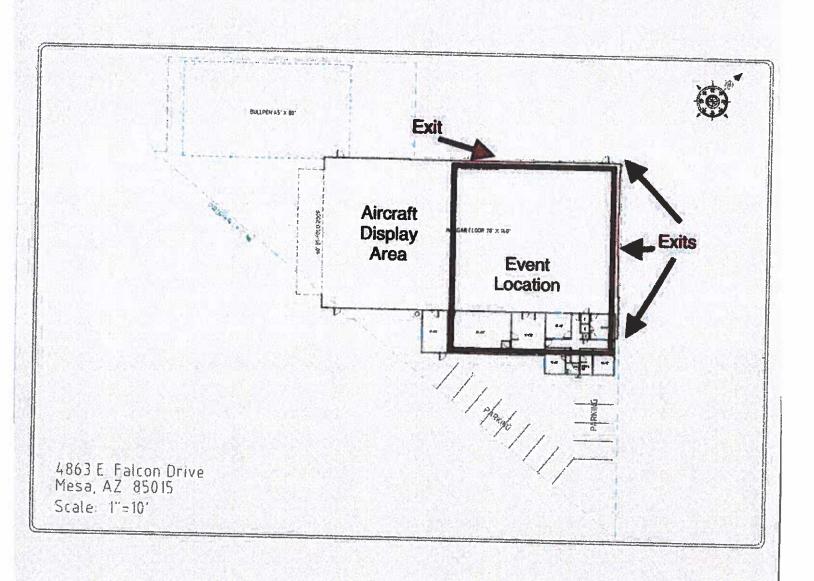
<u>SECTION 11</u> License premises diagram. The licensed premises for your special event is the area in which you are authorized to sell, dispense or serve alcoholic beverages under the provisions of your license. Please attach a diagram of your special event licensed premises. Please show dimensions,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

# ATTACH DIAGRAM

If the special event will be held at a location without a permanent liquor license or if the event will be on any portion of a location that is not covered by the existing liquor license, this application must be approved by the local government before submission to the Department of Liquor Licenses and Control. 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.

#### **NOTARY**

I, (Print Full Name) SHANE FRULFNEL, here and verify the contents and all statements are true, correct a	by declare that I am the APPLICANT, I have read this document and complete to the best of my knowledge.
X (Signature) Applicant Signature	State of ATLONA County of MATLONA the foregoing instrument was acknowledged before me this
My commission expires on: 17 25 2022	Day of OCTOOL 2018 Year
MA CONTRACTOR OF THE PART OF T	BRITAIN HARVEY Notary Public Arizona Maricopa County Commission # 549160 y Comm. Expires Jul 25, 2022





INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date: 0CT03 2017

CAMPBELLS CREW CARES
18648 E ARROWHEAD TRAIL
QUEEN CREEK, AZ 85142-0000

Employer Identification Number: 82-2687796 DLN: 26053664002827 Contact Person: CUSTOMER SERVICE ID# 31954 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 170(b)(1)(A)(vi) Form 990/990-EZ/990-N Required: Effective Date of Exemption: August 25, 2017 Contribution Deductibility: Addendum Applies: No

### Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

## LOCAL GOVERNING BOARD Date Received: \_\_\_\_ recommend DAPPROVAL DISAPPROVAL (Government Official) (Title) On behalf of \_ (City, Town, County) Signature Date Phone **DLLC USE ONLY** □APPROVAL □DISAPPROVAL BY: \_\_\_\_\_\_\_DATE: \_\_\_\_\_

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

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

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 12-820.0