

LICA19-01589

Meeting 2/25/19 agenda 2/5/19

# Special Event Liquor License Application Attachment B

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



LIPAD #5

CITY OF MESA  
LICENSING OFFICE

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  
☐ Beer

☒ Alcohol Sales  
☐ Beer and Wine

☐ Host and Sale Alcohol  
☒ 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. 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 MESA EXPLORES WILL HANDLE PARKING. RAMP AREA MONITORED - GUEST DO NOT LEAVE BUILDING WHERE EVENT IS HELD UNTIL THEY LEAVE THE EVENT.

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

AZ COMMEMORATIVE AIR FORCE MUSEUM 74-1484491  
Charity's or Organization's Name 501 (C)#  
ED CAMPBELL AIRBASE LEADER 480-924-1940x104  
Name of Contact at Charity/Organization Title with Organization Phone Number  
HENSLEY & COMPANY WILL FURNISH BEER; ON-SITE AGENT RESPONSIBLE FOR LIQUOR  
On-Site Agent Responsible for Liquor

How will attendees over the age of 21 be identified? CARDING BY BARTENDERS; UPON ENTERING UNDER AGE (21) WILL HAVE WRIST-BANDS PUT ON THEIR ARM.

What controls will be used to keep attendees under the age of 21 from obtaining alcohol at the event? WRIST BANDS AND CARDING BY BARTENDERS

Will food be served? ☒ Yes ☐ No If yes, what type of food will be served CHICKEN, FISH, ICE CREAM

Seating capacity of designated area: # 1440



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 ONLY

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** Applicant must be a member of a qualifying nonprofit organization, political party, or Government entity and authorized by an Officer, Director, or Chairperson of the Organization.

1. Applicant: CAMPBELL ED  
Last First Middle Date of Birth  
2. Applicant's mailing address: 2017 N. GREENFIELD RD., MESA, AZ 85215  
Street City State Zip  
3. Applicant's home/cell phone: ( ) Applicant's business phone: (480) 924-1940 x 104  
4. Applicant's email address: AIRBASELEADER@AZCAF.ORG

**SECTION 2** Name of Organization, Candidate or Political Party/Gov.: AZ COMMEMORATIVE AIR FORCE MUSEUM

Name of Licensed Contractor (if any):

**SECTION 3** Non-Profit/IRS Tax Exempt Number: 74-1484491

**SECTION 4** Event Location: 2017 N. GREENFIELD RD., MESA, AZ 85208

Event Address: SAME

**SECTION 5** 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.

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:	<u>MARCH 16, 2019</u>	<u>SATURDAY</u>	<u>5:00 PM</u>	<u>11:00 PM</u>
DAY 2:				
DAY 3:				
DAY 4:				
DAY 5:				
DAY 6:				
DAY 7:				
DAY 8:				
DAY 9:				
DAY 10:				



**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 35 ad Number of Security Personnel ☒ Fencing ☒ Barriers

Explanation: MESA EXPLORERS WILL HANDLE PARKING. RAMP ARE WILL BE MONITORED. GUEST WILL NOT LEAVE BUILDING WHERE EVENT WILL BE, UNTIL THEY LEAVE THE EVENT. RAMP IS SECTIONED OFF AND THE EVENT WILL BE INSIDE MUSEUM FACILITY.

**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 dispensing, serving, and selling of spirituous liquors? Please read R-19-318 for explanation and check one of the following boxes.

- ☐ 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 OR RUN CONCURRENT WITH THE PERMANENT LICENSE DURING THE EVENT. IF THE SPECIAL EVENT IS ONLY USING A PORTION OF THE PREMISES, AGENT/OWNER WILL NEED TO SUSPEND THAT PORTION OF THE PREMISES.)

**SECTION 9** What is the purpose of this event?

☒ On-site consumption ☐ Off-site (auction/wine/distilled spirits pull) ☐ Both

**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.)

2. How many special event days have been issued to this organization during the calendar year? ONE  
(The number cannot exceed 10 days per year.)

3. Is the organization using the services of a licensed contractor or other person to manage the sale or service of alcohol?

☐ 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 organization applying must receive 25% of the gross revenues of the special event liquor sales. Attach an additional page if necessary.

Name AZ COMMEMORATIVE AIR FORCE MUSEUM Percentage: 100%

Address 2017 N. GREENFIELD RD, MESA, AZ 85215

Name \_\_\_\_\_ Percentage: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

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.**

**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.

# 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) James Edward Campbell, hereby declare that I am the APPLICANT, I have read this document and verify the contents and all statements are true, correct and complete to the best of my knowledge.

X (Signature)

James E. Campbell  
Applicant Signature

State of Arizona County of Maricopa  
the foregoing instrument was acknowledged before me this

9th of January 2019  
Day Month Year

My commission expires on: 04-23-2022



Kevin Lamb  
Notary Public  
Maricopa County, Arizona  
My Comm. Expires 04-23-2022

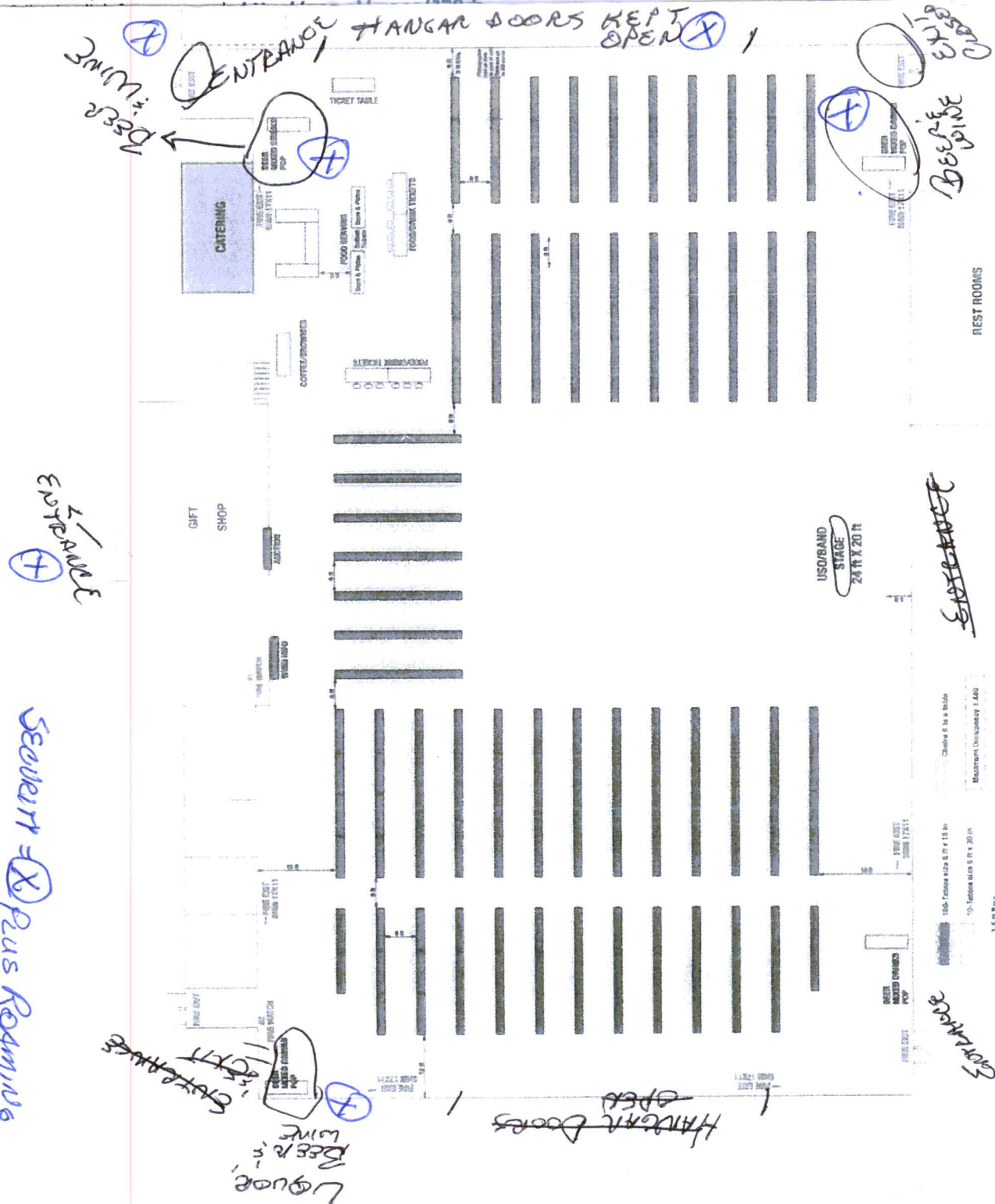
[Signature]  
Signature of NOTARY PUBLIC



**SPECIAL EVENT PREMISES DIAGRAM**  
This diagram **MUST** be submitted with Attachment B

Required information: Dimensions, serving areas, enclosure/barrier type and height (labeled), and security positions. Indicate the nearest cross streets, highway or road, if the location does not have an address. **Providing all the required information will ensure prompt application processing.** The same diagram can be submitted with both the City and State application.

A "bird's eye view" may replace the Special Event Premises Diagram. Please include all the above required information. Visit the





HELP ⓘ

MENU ☰

[Home](#) > [Tax Exempt Organization Search](#) > **Commemorative Air Force**[< Back to Search Results](#)

# Commemorative Air Force

EIN: 74-1484491 | Dallas, TX, United States

## Publication 78 Data ⓘ

Organizations eligible to receive tax-deductible charitable contributions. Users may rely on this list in determining deductibility of their contributions.

**On Publication 78 Data List:** Yes**Deductibility Code:** GROUP

## Copies of Returns (990, 990-EZ, 990-PF, 990-T) ⓘ

Electronic copies (images) of Forms 990, 990-EZ, 990-PF or 990-T returns filed with the IRS by charities and non-profits.

[> Tax Year 2017 Form 990](#)[> Tax Year 2017 Form 990T](#)[> Tax Year 2016 Form 990T](#)[> Tax Year 2015 Form 990](#)

## LOCAL GOVERNING BOARD

Date Received: _____			
I, _____	_____	recommend	<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL
(Government Official)	(Title)		
On behalf of _____			
(City, Town, County)	Signature	Date	Phone

## DLLC USE ONLY

<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	BY: _____	DATE: ____/____/____
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**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 12-820.0