

LIC19-01089

Meeting 3/18/19 Agenda 2/26/19

GC #4

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



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: _____

Wristbands for 21+ over. ID's will be checked. ALIC roving event

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

Pawsitive Friendships 47-2302499
Charity's or Organization's Name 501 (C)#
Tosha Tharp Founder / CEO REDACTED
Name of Contact at Charity/Organization Title with Organization Phone Number
ALIC

On-Site Agent Responsible for Liquor

How will attendees over the age of 21 be identified? They will be given wristbands.

What controls will be used to keep attendees under the age of 21 from obtaining alcohol at the event? _____

Security will be roving and making sure only 21+ over can obtain alcohol

Will food be served? ☒ Yes ☐ No If yes, what type of food will be served Various Food Trucks

Seating capacity of designated area: # 400



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: Tharp Tosha M REDACTED
Last First Middle Date of Birth
2. Applicant's mailing address: 19137 E. Kingbird Dr Queen Creek AZ 85142
Street City State Zip
3. Applicant's home/cell phone: () REDACTED Applicant's business phone: () REDACTED
4. Applicant's email address: tosha@pawsitivefriendships.org rhonda@azlic.com
Pawsitive Friendships

SECTION 2 Name of Organization, Candidate or Political Party/Gov.: ALIC
Name of Licensed Contractor (if any): 47-2302499

SECTION 3 Non-Profit/IRS Tax Exempt Number: Desert Wind Harley-Davidson

SECTION 4 Event Location: 922 S. Country Club Drive. Mesa, AZ 85210
Event Address:

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:	4-6-19	Saturday	10am	2pm
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 9-10 Number of Security Personnel ☐ Fencing ☐ Barriers

Explanation: 9-10 volunteer security plus 2 ALIC Compliance Staff checking
10's and roaming event. Wristbands for 21 + over

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? 1
(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 Pawsitive Friendships Percentage: 100%

Address 3317 S. Higley Rd #114-778. Gilbert, AZ 85297

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.

I, (Print Full Name) Tosha Tharp, hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Applicant Signature: Tosha Tharp

LOCAL GOVERNING BOARD

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

DLLC USE ONLY

<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	BY: _____	DATE: ____/____/____
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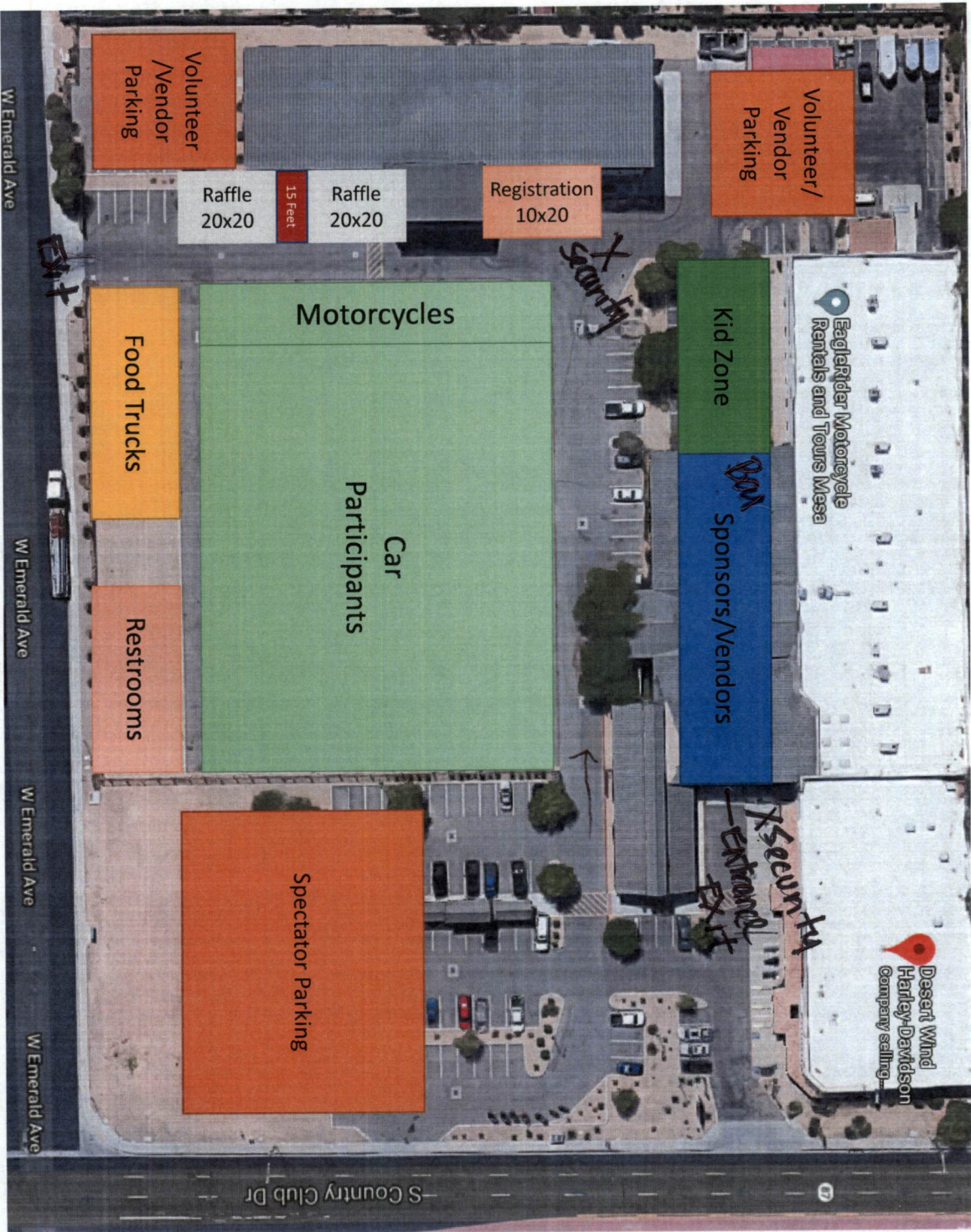
A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice

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.



X = security
 Security will be stationed @ entrance & registration
 & roaming the event.

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

DEPARTMENT OF THE TREASURY

Date:

DEC 09 2014

PAWSITIVE FRIENDSHIPS
3379 E SUNNYDALE DRIVE
QUEEN CREEK, AZ 85142-0000

Employer Identification Number:

47-2302499

DLN:

26053737002184

Contact Person:

CUSTOMER SERVICE

ID# 31954

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

509(a)(2)

Form 990/990-EZ/990-N Required:

Yes

Effective Date of Exemption:

October 20, 2014

Contribution Deductibility:

Yes

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.

Letter 5436