	Agende 8/6/19 RECEIVED
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	JUL 3 0 2019 CITY OF MESA LICENSING OFFICE MESA 2Z
	Licensing Office 55 North Center Street Mailing Address: PO Box 1466 Mesa, Arizona 85211-1466 480-644-2316 Telephone 480-644-3999 Fax

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. <u>This must be submitted at least 60 days</u> <u>prior to the event.</u> 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 <u>State of Arizona Special Event Liquor Application</u> 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 <u>State of Arizona</u> <u>Extension of Premises Application</u> 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 ___________ Event held within gated area. 4-5 charity members for security roaming event checking ID's and issuing wristbands

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

Unit 1 Bravo AOMA	83-4202312		
Charity's or Organization's Name James Branton	Director	501 (C)# REDACTED	
Name of Contact at Charity/Organization James Branton	Title with Organization	Phone Number	

On-Site Agent Responsible for Liquor

How will attendees over the age of 21 be identified? Wristbands will be issued

Will food be served? I Yes No If yes, what type of food will be served TBD

Seating capacity of designated area: # 40

June 19, 2013

Attachment B Page 1 of 2



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

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0	C	A	V	be	D	a	10.		Chinaso				

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.

<u>SECTION 1</u> 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. Applican	Branton	James	Finley	REDACTED	
2. Applican	Last t's mailing address: 1788	First 1 W Pershing St Surpris	Middle se AZ 85388	Date of Bin	th
3. Applican	t's home/cell phone: (REDACTED	city Applicant's business phone:	602 state (602) 566-3141	Zip
4. Applican	l's email address: james	s.f.branton.mil@n	nail.mil	(
SECTION 2	ame of Organization, Co	Indidate or Political Part	y/Gov.: Unit 1 Bravo AOMA		
	on-Profit/IRS Tax Exempt				

SECTION 4 Event Location: Desert Wind Harley DAvidson

Event Address: 922 S Country Club Dr Mesa AZ 85210

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:	9/19/2019	Thursday	5pm	9pm
DAY 2:				
DAY 3:				
DAY 4:				
DAY 5:	-			
DAY 6:				
DAY 7:				
DAY 8:				
DAY 9:				***********
DAY10:				

2/8/2019

Page 1 of 3 Individuals requiring ADA accommodations call (602)542-2999

SECTION 6	What type of security and contro (List type and number of police/security	I measures will you take to prevent violations y personnel and type of fencing or control barriers, if o	of liquor laws at this applicable.)	event?
	Number of Police	Number of Security Personnel	Fencing	
Explanat		ed area. 4-5 charity members for s	· · · · · · · · · · · · · · · · · · ·	
			secondy rounn	ig event
CHECK	ing ID's and issuing wrist	bands to 21 and over.		

SECTION 7	Will this event be held on a current (If yes, Local Governing Body Sign	ly licensed premise and within the already app nature <u>not</u> required)	proved premises?	Yes 🗹 No
***************************************	Name of Business	License Number	Phone (Include Ar	ea Code)
SECTION 8	How is this special event going to c	conduct all dispensing, serving, and selling of sp	pirituous liquors? Pler	ise read R-19-
	a lo for explanation and check one	e of the following boxes.		
	ice license in non-use			
	pense and serve all spirituous liquor pense and serve all spirituous liquor	's under retailer's license		
	it premise between special event c	s under special event		
		OF AGREEMENT FROM THE AGENT/OWNER OF THE LI		
CONCORRENT	T WITH THE PERMANENT LICENSE DUR ER WILL NEED TO SUSPEND THAT PORTION	UNG THE EVENT IF THE SPECIAL EVENT IS ONLY	USING A PORTION C	OF THE PREMISES
SECTION 9	What is the purpose of this event?			
DOn-site co	onsumption Off-site (auction/v	vine/distilled spirits pull)		
SECTION 10				
	pplicant been convicted of a felo (If yes, attach explanation.)	ony, or had a liquor license revoked within the	e last five (5) years?	
2. How man (The numbe	ny special event days have been i er cannot exceed 10 days per year.)	ssued to this organization during the calenda	r year? 0	
3. Is the Org	ganization using the services of a	Licensed Contractor?		
TYes DN	to If yes, please provide the followir	ng: Name of Licensed Contractor:		
4. Is the orgo	anization using the services of a se	ries 6, 7, 11, or 12 licensee to manage the sale	e or service of alcol	nol?
	lo If yes, please provide the follow	ving: Name of Licensee	License #:	
5. List all pe applying r	ople and organizations who will must receive 25% of the gross reve	receive the proceeds. Account for 100% of enues of the special event liquor sales. Attach	the proceeds. The	organization
Name U	hit 1 Drovo AMAA	Percentage: 10	10	
************	7881 W Pershing St Surp		<i></i>	
Name				
		Percentage:		
Address	Street	Fib.		
2/8/2019		City	State	Zip
61012017	Individuals requi	Page 2 of 3 ring ADA accommodations call (602)542-2999		

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.



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.

James Finley Branton I, (Print Full Name)

_ 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. have a MR - - -

CAL GOVERNING BOARD	Abbue	ant signature: <u>Autor o</u>	
Date Received:			
(Government Official)	(Title)		L DISAPPROVAL
On behalf of, (City, Town, County)	Signature	,,,,,,	Phone

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.

DATE:

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.

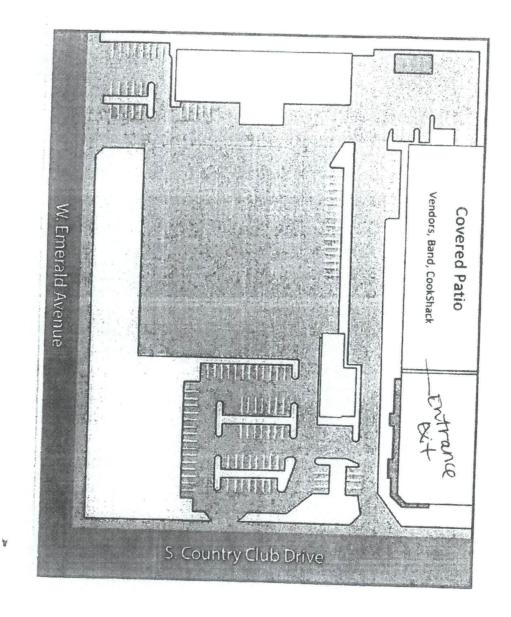
E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.

2/8/2019

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Individuals requiring ADA accommodations call (602)542-2999



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

Date: APR 18 2019

UNIT 1 BRAVO AOMA 17881 W PERSHING ST SURPRISE, AZ 85388-0200 DEPARTMENT OF THE TREASURY

Employer Identification Number: 83-4202312 DLN: 26053491004119 Contact Person: ID# 31954 CUSTOMER SERVICE Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Form 990-PF Required: Yes Effective Date of Exemption: February 21, 2019 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 private foundation within the meaning of Section 509(a).

You're required to file Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation, annually, whether or not you have income or activity during the year. 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.

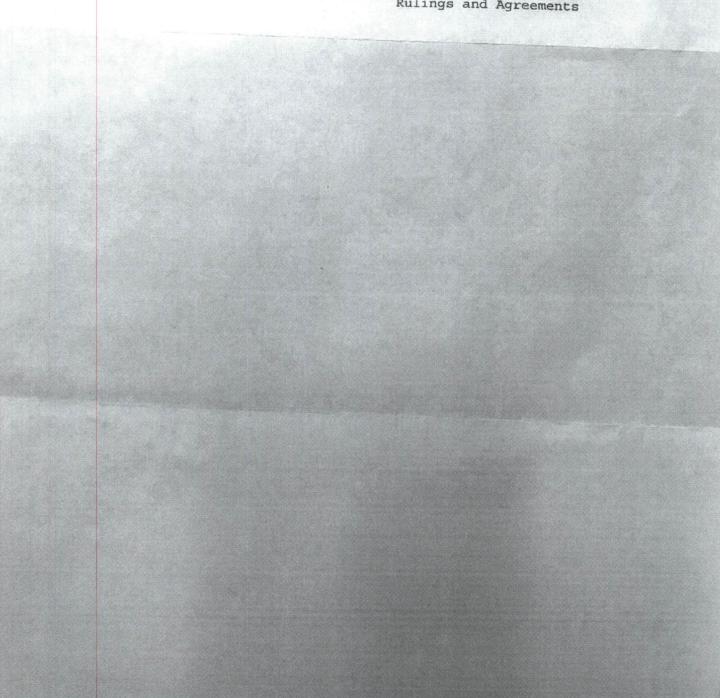
For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PF" in the search bar to view Publication 4221-PF, Compliance Guide for 501(c)(3) Private Foundations, which describes your recordkeeping, reporting, and disclosure requirements.

UNIT 1 BRAVO AOMA

Sincerely,

stephen a. martin

Director, Exempt Organizations Rulings and Agreements



Letter 1076

- 2 -