## 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/ikensing


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:
$\square$ Free/ Host Alcohol
Beer
Alcohol Sales
Beer and WineHost 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, $501(\mathrm{C})$. (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: $\qquad$

Please describe your security plan to ensure the safe sale or distribution of alcohol at your event $\qquad$ 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 501 (C)\#
James Branton Director

Name of Contact at Charity/Organization
Title with Organization
REDACTED
Phone Number
On-Site Agent Responsible for Liquor
How will attendees over the age of 21 be identified? Wristbands will be issued

[^0]$\qquad$


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

| 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, pollical party, or Government enfity and authorized by an Officer, Director, or Chairperson of the Organization.

1. Applicant:

Branton
James
Finley
REDACTED
2. Applicant's mailing address: 17881 W Pershing St Surprise AZ 85388

4. Applicant's email address: james.f.branton.mil@mail.mil

SECTION 2 Name of Organization, Candidate or Polifical Party/Gov.: Unit 1 Bravo AOMA
SECTION 3 Non-Profit/IRS Tax Exempt Number: 83-4202312
secion 4 Event Location: Desert Wind Harley DAvidson
Event Address: 922 S Country Club Dr Mesa AZ 85210
SECIION 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 <br> Time AM/PM | License End <br> Time AM/PM |
| :---: | :---: | :---: | :---: |

DAY 1:
9/19/2019
Thursday
DAY 2:
DAY 3:
DAY 4:
DAY 5:
DAY 6 :
DAY 7:
DAY 8 :
DAY 9:
DAY10:

SECIION6 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, it applicable.)
Number of Police_ Number of Security Personnel $\square$ Fencing $\square$ Bariers

Explanation: Evencheld within gated area. 4-5 charity members for security roaming event checking ID's and issuing wristbands to 21 and over.

SECIION 7 Will this event be held on a currently licensed premise and within the already approved premises? $\square$ Yes $\square$ No (If yes, Local Governing Body Signature not required)

## Name of business

License Number
Phone (Include Area Code)
SECIION 8 How is this special event going to conduct all dispensing, serving, and selling of spintuous liquors? Please read R-19318 for explanation and check one of the following boxes.
$\square$ Place license in non-use
$\square$ Dispense and serve all spirituous liquors under retailer's license
$\square$ Dispense and serve all spinituous liquors under special event
Qsplit premise between special event and retaillocation
IF USING RETAIL UCENSE, PLEASE SUBMIT A LETHER 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 WIL NEED TO SUSPEND THAT PORTION OF THE PREMISES.)

SECIION 9 What is the purpose of this event?
■On-site consumption $\square$ Off-site (auction/wine/distilled spirits pull) $\square$ Both

## SECTION 10

1. Has the applicant been convicted of a felony, or had a liquor license revoked within the last five (5) years? $\square$ Yes $\square$ No (II yes, attach explanation.)
2. How many special event days have been issued to this organization during the calendar year? 0 (The number cannol exceed 10 days per year.)
3. Is the Organization using the services of a Licensed Contractor?
$\square$ Yes $\square$ If yes, please provide the following: Name of Licensed Contractor: $\qquad$
4. Is the organization using the services of a series $6,7,11$, or 12 licensee to manage the sale or service of alcohol? $\square$ res $\square$ No If yes, please provide the following: Name of Licensee $\qquad$ License \#: $\qquad$
5. 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 Unit 1 Bravo AOMA Percentage: 100
Address 17881 W Pershing St Surprise AZ 85388
Name $\qquad$ Percentage: $\qquad$
Address $\qquad$
Streel
chy tate 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 AICOHOLLC BEVERAGES SHALLLEAVEA SPECIAL EVENT UNLESS THEY ARE IN AUCIION WINE OR DISTILLED SPIRIIS PULL SEALED CONTAINERS OR IHE SPECIAL EVENT LICENSE IS STACKED WITH WINE /CRATT DISTILERY FESTIVAL LICENSE

SECIION 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.

1. (Print Full Name) James Finley Branton 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 frue and correct to the best of my knowledge.


LOCAL GOVERNING BOARD
$\square$

## dLLC USE ONLY

$\square A P P R O V A L$ DISAPPROVAL BY: $\qquad$ DATE: $\qquad$ 1
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 of 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 PRIVAIE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATIORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACIION AGAINST THE STAIE FOR A VIOLAIION OF THIS SECTION.
E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPUNARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.
F. THIS SECIION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.


INTERNAL REVENUE SERVICE

## P. O. BOX 2508

CINCINNATI, OH 45201

Date:
APR 182019

UNIT 1 BRAVO AOMA 17881 W PERSHING ST SURPRISE, AZ 85388-0200

Employer Identification Number: 83-4202312
DLN: 26053491004119
Contact Person: CUSTOMER SERVICE

ID\# 31954
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

## Deax 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 $509(\mathrm{a})$.

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.

Sincerely,
prestan a. macter

Director, Exempt Organizations Rulings and Agreements


[^0]:    What controls will be used to keep attendees under the age of 21 from obtaining alcohol at the event? Volunteers will be roaming event.

    Will food be served? $\square$ Yes $\square$ No If yes, what type of food will be served TBD
    Seating capacity of designated area: \# 40

