Special Event	Licensing Office	
Liquor License	Mailing Address	RECEIVED U
Application	PO Box 1466 Mesa, Arizona 85211-1466	RECEIVED
Attachment B	480-644-2316 Telephone 480-644-3999 Fax	Print Pr
LICA19-02154	www.mesaaz.gov	OCT 01 2019
or an Extension of Premises from the	special event, you will need to obtain a City of Mesa Licensing Office. <u>This musi</u> ed with special provisions outlined. Pla	t be submitted at least 60 days
Free/Host Alcohol Beer	Alcohol Sales Beer and Wine Host and Sale Alco Beer, Wine and D	
Do you plan to secure a:		
tech fee) and must be approved by the City approved by, the State of Arizona. There a profit organization, 501(C). (Complete the with this Attachment B.)	Special Event Liquor License fee is \$27 (\$25 y Council. After city approval, your applicati are fees involved at the State. This license of State of Arizona Special Event Liquor Applica	on must be submitted to, and can only be obtained by a non- tion and site plan and submit it
iquor license is already in effect and you w	ere is no fee involved with the Extension of F vant to extend the area where liquor is sold. plan and submit it with this Attachment B.)	
	e the safe sale or distribution of alcohol at yo	
	ge. The event is behind controlled fences and barriers. Five members will p	
	License the following must be provided	
Wings of Flight Foundation, Inc. Charity's or Organization's Name	26-0816	787 501 (C)#
Daniel T. Condon	Director	
Daniel I. Condon	Dirocioi	REDACTED
	Title with Organization	REDACTED Phone Number
Name of Contact at Charity/Organization Daniel T. Condon		
Name of Contact at Charity/Organization Daniel T. Condon Dn-Site Agent Responsible for Liquor		Phone Number
Name of Contact at Charity/Organization Daniel T. Condon Dn-Site Agent Responsible for Liquor	Title with Organization	Phone Number
Name of Contact at Charity/Organization Daniel T. Condon Dn-Site Agent Responsible for Liquor How will attendees over the age of 21 be id	Title with Organization	Phone Number
Name of Contact at Charity/Organization Daniel T. Condon On-Site Agent Responsible for Liquor How will attendees over the age of 21 be ic Four (4) to five (5) foundation officers will provid What controls will be used to keep attendee	Title with Organization dentified? <u>Event is by invitaton only. All invitees</u> de roaming security. es under the age of 21 from obtaining alcoho	Phone Number are of legal drinking age of at the event? <u>All invitees are of legal</u>
Name of Contact at Charity/Organization Daniel T. Condon On-Site Agent Responsible for Liquor How will attendees over the age of 21 be id Four (4) to five (5) foundation officers will provid What controls will be used to keep attendee MEMBER	Title with Organization dentified? <u>Event is by invitaton only. All invitees</u> de roaming security. es under the age of 21 from obtaining alcoho ing alcohol and validating (carding) guests appear	Phone Number are of legal drinking age of at the event? <u>All invitees are of legal</u> ing to be under age.
Name of Contact at Charity/Organization Daniel T. Condon On-Site Agent Responsible for Liquor How will attendees over the age of 21 be id Four (4) to five (5) foundation officers will provid What controls will be used to keep attended MEmBCT drinking age. Prefessional servers will be servi Will food be served? Yes INO If ye	Title with Organization dentified? <u>Event is by invitaton only. All invitees</u> de roaming security. es under the age of 21 from obtaining alcoho ing alcohol and validating (carding) guests appear es, what type of food will be served <u>Appetize</u>	Phone Number are of legal drinking age I at the event? <u>All invitees are of legal</u> ing to be under age.
Name of Contact at Charity/Organization Daniel T. Condon On-Site Agent Responsible for Liquor How will attendees over the age of 21 be id Four (4) to five (5) foundation officers will provid What controls will be used to keep attendee MEMBERS	Title with Organization dentified? <u>Event is by invitaton only. All invitees</u> de roaming security. es under the age of 21 from obtaining alcoho ing alcohol and validating (carding) guests appear es, what type of food will be served <u>Appetize</u>	Phone Number are of legal drinking age of at the event? <u>All invitees are of legal</u> ing to be under age.

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

Condon	Daniel	Thomas		REDACTE	ED
1. Applicant:	. 2050 E. Mallory St	Middle Mesa	AZ	Date of 85213	
2. Applicant's mailing address	Street	city Applicant's busi	ness phone: (State	Zip
3. Applicant's home/cell phor	WingsOfFlightFoundation	on@gmail.com and d	Itcondon@gma	ail.com	
4. Applicant's email address: _		Wings Of FI	ight Foundatio	n, Inc.	
SECTION 2 Name of Organizat	26-081678	ty/Gov.:			
SECTION 3 Non-Profit/IRS Tax E	xempt Number: Wings Of Flight Foundati	on hangar at Falcon	Field airport		
SECTION 4 Event Location:4	863 E. Falcon Drive, Mes	a, AZ 85215			
Event Address:			and the second second second second		

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

DAY	Date 7 Dec 2019	Day of Week Saturday	Event Start Time AM/PM 6:00 PM	License End Time AM/PM 12:30 AM
DAY 1: DAY 2:	Nothing	Follows		
DAY 3:				
DAY 4:				
DAY 5:			/	
DAY 6:				
DAY 7:			19 <u>19-19</u>	
DAY 8:		/		
DAY 9:				
DAY10:				

2/8/2019

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

CTION 6 What	type of security and control be and number of police/security	measures will you take personnel and type of fenci	to prevent violation ing or control barriers, i	ns of liquor laws at thi f applicable.)	sevente
(Number of Police	5	Security Personnel	Fencing	Barriers
	This is a one (1) day charitable e	event to be held on Saturda	y, 7 Dec 2019. This is	a private, by invitation	only,
	y. All invitees are of legal drinking				
within the even	nt area/hangar. Aprofessional ba	rtending company (servers) will perform alcohol	service and verify i.d. ar	d age
any attendee th	hat appears under the legal drink	and the second			
ECTION 7 Will th (If ye	nis event be held on a current es, Local Governing Body Sign	ly licensed premise and ature <u>not</u> required)	within the already a	approved premises?	Yes 🗹 No
	Name of Business	Licen	ise Number	Phone (Include	Area Code)
318 fc	is this special event going to c or explanation and check one	conduct all dispensing, so of the following boxes.	erving, and selling o	f spirituous liquors? Pl	ease read R-19-
	ense in non-use	I			
Dispense	e and serve all spirituous liquo	rs under retailer's license			
Dispense	e and serve all spirituous liquo	rs Under special eveni			
LSplit prei	mise between special event of ICENSE, PLEASE SUBMIT A LETTER		AC FAIT /OWNER OF TH	IE LICENSED PREMISES T	O SUSPEND OR RUN
ONCURRENT WIT	ICENSE, PLEASE SUBMIT A LETTER TH THE PERMANENT LICENSE DU LL NEED TO SUSPEND THAT PORTIO	RING THE EVENI. IF THE	SPECIAL EVENT IS ON	NLY USING A PORTION	OF THE PREMISES,
CTION 9 What	t is the purpose of this event?				
		wine (distilled spirits pull)	Both		
On-site consur	mption Off-site (auction/				
ECTION 10					
Has the appli	cant been convicted of a fe	lony, or had a liquor lic	ense revoked withir	n the last five (5) year	ŚŚ
	f yes, attach explanation.)				
				0	
. How many sp (The number car	pecial event days have been nnot exceed 10 days per year.)	issued to this organizat	tion during the cale	ndar year?	
. Is the Organi	ization using the services of a	a Licensed Contractor	Ş		
Yes No If	yes, please provide the follow	ving: Name of License	d Contractor:		
	ation using the services of a				
Yes No 1	If yes, please provide the foll	owing: Name of License	ee	License #: _	
applying mus	le and organizations who w st receive 25% of the gross re gs of Flight Foundation, I	evenues of the special e	event liquor sales. At	0% of the proceeds. Itach an additional p 100% e:	age in necessary
Name	63 East Falcon Drive, Me		Percentag	е	
Address					
Name			Percentag	ge:	
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.



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.

Daniel T. Condon

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. Applicant Signature:

LOCAL GOVERNING BOARD

ate Received:	·			
(Gov	ernment Official)	(Title)	recommend	DISAPPROVA
on behalf of	(City, Town, County)	Signature	, Date	 Phone

DAPPROVAL DISAPPROVAL	BY:	DATE: / /	
		DINC	

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.

2/8/2019

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SPECIAL EVENT PREMISES DIAGRAM This diagram <u>MUST</u> 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 following link for an example http://goo.gl/maps/J78rb

Mc Dowell DR. Greenfield DR. DRIVE 4863 E. FAICON DR Within the GOTES OF FOLCON FIELD HBley Dr MCKellips Drive

<u>Home</u> > <u>Tax Exempt Organization Search</u> > Wings Of Flight Foundation

< Back to Search Results

Wings Of Flight Foundation

EIN: 26-0816787 |, --, United States

> Other Names

Publication 78 Data o

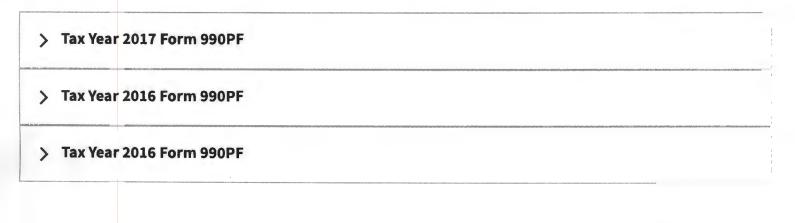
Organizations eligible to receive tax-deductible charitable contributions. Users may rely on this list in determining deductibility of their contributions.

On Publication 78 Data List: Yes

Deductibility Code: POF

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 nonprofits.



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