

LICAIT-00621

Meeting 1/22/18 Agenda 1/2/18

# 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



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: Entertainment - all events - asking for extension to cover entire event - serving only in Beer Garden - Security will do ID checks -

wrist bands over 21 who will consume - Additional security Entrance and exits - no liquor leave  
Please describe your security plan to ensure the safe sale or distribution of alcohol at your event

Security all exits entrances - security check ID's - wristbands if consuming -

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

"Peter Quachus Open Your Heart Foundation" 81-1444921  
Charity's or Organization's Name 501 (C)#

Maria Hamer Director 888-947-4445  
Name of Contact at Charity/Organization Title with Organization Phone Number

Maria Hamer  
On-Site Agent Responsible for Liquor

How will attendees over the age of 21 be identified? colored wrist band worn if consuming over 21 grs  
security in serving area at entrance - exit monitoring - security all exits and  
entrance - CEO Event fenced in.

What controls will be used to keep attendees under the age of 21 from obtaining alcohol at the event? fenced in total  
area - Security checking ID's in Peter's area and total area fenced -

Will food be served?  Yes  No If yes, what type of food will be served food trucks -

Seating capacity of designated area: # driving area - 50.



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

FOR DLIC USE ONLY

|                       |
|-----------------------|
| Event Date(s):        |
| Event time start/end: |
| CSR:                  |
| License:              |

**APPLICATION FOR SPECIAL EVENT LICENSE**  
 Fee= \$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. 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 (see Section 12).

**SECTION 1** Name of Organization: PETER QUACH'S OPEN YOUR HEART FOUNDATION

Name of Licensed Contractor only (if any): \_\_\_\_\_

**SECTION 2** Non-Profit/IRS Tax Exempt Number: EIN 81-1444921

**SECTION 3** Event Location: 1920 W. Broadway, Mesa, Az. 85202 - Az International Market place

Event Address: 1920 W. Broadway, Mesa, Az. 85202

**SECTION 4** Applicant must be a member of the qualifying organization and authorized by an Officer, Director, or Chairperson of the Organization.

1. Applicant: Hamim Maria REDACTED  
Last First Middle Date of Birth

2. Applicant's mailing address: 4535 S. Lakeshore Dr #5 Tempe AZ 85282  
Street City State Zip

3. Applicant's home/cell phone: REDACTED Applicant's business phone: ( )

4. Applicant's email address: maria@vipccs.com

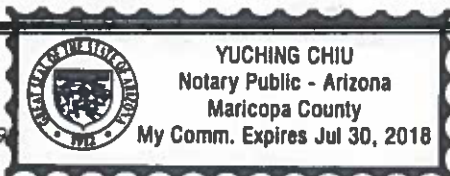
I, (Print Full Name) Maria Hamim declare that I am the APPLICANT filing this application as listed above. I have read the application and the contents and all statements are true, correct and complete.

X [Signature] Director 12/21/17 REDACTED  
Signature Title/ Position Date Phone Number

The foregoing instrument was acknowledged before me this 21th Dec 2017  
Day Month Year

State AZ County of Maricopa

My Commission Expires on: 7/30/18 Yuching Chiu  
Date Signature of Notary Public



**SECTION 5** Regarding the Applicant's application for a special event permit, I hereby certify that the Organization meets the criteria in A.R.S. § 4-203.02(E) for the issuance of the permit as indicated by checking one of the boxes below.

- (1)  The Applicant is a political party or a campaign committee supporting a candidate for public office. Please indicate the name of the candidate that the Applicant supports, the office that the candidate seeks, and the month and year that the applicant would first fill the office if successful.

Candidate: \_\_\_\_\_  
Name
Office
Month/Year

- (2)  The Applicant is a non-profit entity organized in Arizona, or pursuant to the laws of another state that is eligible for designation as a nonprofit entity under Section 501(C) of the internal revenue code of the United States. If the Applicant is applying under option (2) as a nonprofit entity, **please also INITIAL in the space provided next to all following statements to indicate that, to the best of the applicant's knowledge, they are true and correct.**

*R* The Applicant has received a determination letter from the Internal Revenue Service ("IRS") indicating that it is eligible for designation as a nonprofit entity under Section 501(C), eligibility or will be eligible on all days that the special event will occur, or has a pending application with the IRS for such treatment that has not been resolved but that will retroactively cover all days that the special event will occur. (Please provide a copy of either the IRS determination letter or the application [without attachments] with this application).

*R* The Applicant is not aware of any action by the IRS to revoke, suspend, or otherwise eliminate the Applicant's eligibility under 501(C), or if there is a pending application, the Applicant has not received any indication that the IRS will deny its application and has a good faith basis formed upon a reasonable inquiry into IRS regulations, guidelines, and forms that it is eligible under 501(C).

*R* The Applicant understands that if there is a change in circumstances after completing this form that may cause or has caused it to lose its eligibility under 501(C), whether before or after receiving an IRS determination letter, that it has an affirmative duty to notify the Department of Liquor, which may then take appropriate action with regard to the loss of eligibility.

**To be completed only by an Officer, Director, or Chairperson of the organization.**

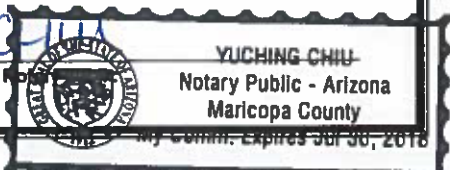
I, (Print Full Name) Maria Hamim declare that I am an Officer, Director, or Chairperson of the organization filing this application as listed above. I have read the application and the contents and all statements are true, correct and complete.

X [Signature] Director 12-21-17 REDACTED  
 Signature Title/Position Date Phone Number

The foregoing instrument was acknowledged before me this 21th Dec 2017  
 Day Month Year

State AZ County of Maricopa

My Commission Expires on: 7/30/18 [Signature]  
 Date Signature of Notary



**SECTION 6** 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)

[Signature] \_\_\_\_\_  
 Name of Business License Number Phone (Include Area Code)

**SECTION 7** 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 8**

What is the purpose of this event?  On-site consumption  Off-site (auction/wine/distilled spirits pull)  Both

**SECTION 9**

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? -0-  
(The number cannot exceed 10 days per year.)
3. Is the organization using the services of a promoter 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 Peter Quach's Open Your Heart Foundation Percentage: 25%  
Address 1920 W. Broadway, Mesa, Az. 85203  
Name Az. International Market Place Percentage: 75%  
Address 1920 W. Broadway Mesa AZ 85202  
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.**

5. 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.)  
3 Number of Police 3 Number of Security Personnel  Fencing  Barriers  
Explanation: Additional security will be placed at entrance/exit to Beer Garden...Security will check ID;s and bracelets will be placed on only those that plan to drink that are over 21 yrs. old....  
Area is totally fenced in. Additional security in area will be monitoring,..making sure no liquor leaves the Beer Garden.....

**SECTION 10** 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:  | Feb 17 2018 | Saturday    | 4 pm                   | 12 AM                  |
| DAY 2:  | _____       | _____       | _____                  | _____                  |
| DAY 3:  | _____       | _____       | _____                  | _____                  |
| DAY 4:  | _____       | _____       | _____                  | _____                  |
| DAY 5:  | _____       | _____       | _____                  | _____                  |
| DAY 6:  | _____       | _____       | _____                  | _____                  |
| DAY 7:  | _____       | _____       | _____                  | _____                  |
| DAY 8:  | _____       | _____       | _____                  | _____                  |
| DAY 9:  | _____       | _____       | _____                  | _____                  |
| DAY 10: | _____       | _____       | _____                  | _____                  |

**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.

— see attachment —

**ATTACH DIAGRAM**

A2. International  
Market Place  
STORE  
1920 W. Broadway  
Mesa

Parking

Parking

STORE

STORE

101  
102  
103  
104  
105  
106  
107  
108  
109  
110  
111  
112

Parking

garden

Parking

Parking

STORES



BELL TOWER

Party  
Tables

Stage

Food Trucks

Food Truck

Food Truck

Vendors

Food

Bouncy

Beer and  
Wine  
Bar

ENTRANCE

Broadway

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.

**SECTION 12 Local Governing Body Approval Section.**

Date Received: \_\_\_\_\_

I, \_\_\_\_\_ recommend  APPROVAL  DISAPPROVAL  
(Government Official) (Title)

On behalf of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(City, Town, County) Signature Date Phone

**SECTION 13 For Department of Liquor Licenses and Control use only.**

APPROVAL  DISAPPROVAL BY: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**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 12-820.02.

Search Date and Time:

1/2/2018 4:05:21 PM

File Number:

20656945

Corporation Name:

THE PETER QUACH'S OPEN YOUR HEART FOUNDATION

- Annual Report Email Reminders
- eFile Annual Report
- Print Annual Report Form

[Collapse](#) | [Expand](#)

**Corporate Inquiry** ▲

| File Number | Corporation Name                             | Check Corporate Status                                |
|-------------|--|---|
| 20656945    | THE PETER QUACH'S OPEN YOUR HEART FOUNDATION | <input type="button" value="Check Corporate Status"/> |

**Domestic Address** ▲

66 S DOBSON RD  
STE 116  
MESA, AZ 85202

**Statutory Agent Information** ▲

**Agent Name:** MARIA HAMIM

**Agent Mailing/Physical Address:**  
4535 S LAKESHORE DR  
STE 5  
TEMPE, AZ 85282

**Agent Status:** APPOINTED 11/13/2017

**Agent Last Updated:** 12/07/2017 ▲



Additional Entity Information ▲

|                              |                                    |
|------------------------------|------------------------------------|
| Entity Type: NON-PROFIT      | Business Type: CHARITABLE          |
| Incorporation Date: 2/2/2016 | Corporation Life Period: PERPETUAL |
| Domicile: ARIZONA            | County: MARICOPA                   |
| Approval Date: 2/9/2016      | Original Publish Date:             |

Officer Information ▲

| Name        | Title     | Address                                     | Date of Taking Office | Last Updated |
|-------------|-----------|---|-----------------------|--------------|
| MARIA HAMIM | PRESIDENT | 66 S DOBSON RD<br>STE 116<br>MESA, AZ 85202 | 12/31/3938            | 11/08/2017   |

Director Information ▲

| Name           | Title    | Address                                     | Date of Taking Office | Last Updated |
|----------------|----------|---|-----------------------|--------------|
| MARIA HAMIM    | DIRECTOR | 66 S DOBSON RD<br>STE 116<br>MESA, AZ 85202 | 02/02/2016            | 11/08/2017   |
| CINDY QUACH    | DIRECTOR | 66 S DOBSON RD<br>STE 116<br>MESA, AZ 85202 | 02/02/2016            | 11/08/2017   |
| ANDREW BURTONI | DIRECTOR | 66 S DOBSON RD<br>STE 116<br>MESA, AZ 85202 | 02/02/2016            | 11/08/2017   |

Annual Reports ▲

Next Annual Report Due: 2/2/2019

| File Year | File Month | Date Received | Reason Returned | Date Returned | Extension |
|-----------|------------|---------------|-----------------|---------------|-----------|
| 2018      | 2          | 11/7/2017     |                 |               |           |
| 2017      | 2          | 10/10/2017    |                 |               |           |

[Click Here to eFile an Annual Report Online](#)



Search Time:  
1/2/2018 4:05:37 PM

File Number:  
20656945

Corporation Name:  
THE PETER QUACH'S OPEN YOUR HEART FOUNDATION

Corporate Status Inquiry

## This Corporation is in Good Standing

This information is provided as a courtesy and does not constitute legally binding information regarding the status of the entity listed above. To obtain an official Certificate indicating that the entity is in good standing click on Print Certificate and follow printing instructions. To re-print a previously generated Certificate of Good Standing click Reprint Certificate.

[Print Certificate \(/GoodStanding/PrintInstructions?corpId=%2020656945\)](/GoodStanding/PrintInstructions?corpId=%2020656945)

[Reprint Certificate \(/GoodStanding/Reprint?corpId=%2020656945\)](/GoodStanding/Reprint?corpId=%2020656945)

[Return to Corporate Details \(/Details/Corp?corpId=%2020656945\)](/Details/Corp?corpId=%2020656945)

---

Privacy Policy (<http://www.azcc.gov/Divisions/Administration/Privacy.asp>) | Contact Us  
(<http://www.azcc.gov/divisions/corporations/contact-us.asp>)