

**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

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 the 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 and site plan and submit it with this Attachment B.)

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

and site plan and submit it with this Attachment B.)

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 2 volunteer guards at entrance. 2 roaming 1 at exit

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

GALDATCH. 82-0626 948
Charity's or Organization's Name _____ 501 (C)# _____
Kiannah Parks OWNER
Name of Contact at Charity/Organization _____ Title with Organization _____
SHERID SMITH
On-Site Agent Responsible for Liquor _____

How will attendees over the age of 21 be identified? All attendees will be ID'd at entrance and get a 21+ wristband

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

Will food be served? Yes No If yes, what type of food will be served _____
Seating capacity of designated area: # _____

RECEIVED
OCT 03 2022
CITY OF MESA
LICENSING OFFICE

RECEIVED
 SEP 12 2022
 CITY OF MESA
 LICENSING OFFICE

CSR:
 Amount:



SPECIAL EVENT LICENSE
APPLICATION FEE \$25.00 PER DAY

Arizona Dept. of Liquor Licenses and Control
 800 W. Washington St. 5th Floor Phoenix, AZ 85007
 (602) 542-5141

DLLC USE ONLY

Job #:

Date Accepted:

CSR:

Type or Print with Black Ink

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.

- Applicant: KIANNAH PARKS
- Applicant's mailing address: PO BOX 289 LAVEEN AZ 85202
Street City State Zip
- Applicants home/cell phone: [REDACTED] Applicant's business phone: _____
- Applicant's email address: bmwentinfo@gmail.com

SECTION 2 Name of Non-Profit Organization, Candidate or Political Party/Gov.: GALPATCH

SECTION 3 Non-Profit/IRS Tax Exempt Number: 82-0626448

SECTION 4 Arizona Corporation Commission File #: 21636976 If out of State please specify: _____

SECTION 5 Event Location Name: THE LOUNGE SOCIAL HOUSE

SECTION 6 Event Address: 1457 W SOUTHERN AVE STE 107 MESA AZ 85202

SECTION 7 Dates and Hours of Event. Days must be consecutive but may not exceed 10 consecutive days.

Days	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM
DAY 1:	<u>10-22-22</u>	<u>SATURDAY</u>	<u>12PM</u>	<u>130AM</u>
DAY 2:	<u>10-23-22</u>	<u>SUNDAY</u>	<u>12PM</u>	<u>130AM</u>
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.)

0 Number of Police 4 Number of Security Personnel Fencing Barriers

Explanation: **2 GUARDS AT ENTRANCE**
1 GUARD AT EXIT
1 GUARD ROAMING MAIN AREAS

SECTION 7 Will this event be held on a currently licensed premises and within the already approved premises?

Yes No If yes, Local Governing Body signature is 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

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? 0

3. Is the Organization using the services of a Licensed Contractor?
 Yes No if yes, please provide the Name of the Licensed Contractor: _____

4. Is the organization using the services of a series 6, 7, 11, or 12 licensee to manage the sale or service of alcohol?
 Yes No if yes, please provide the Name of Licensee: _____ License #: _____

5. List the name of the Individual or Organization that will receive revenues, **MUST EQUAL 100%**.

Name: **GALPATCH** Percentage: **25%**

Address: **PO BOX 289** **LAVEEN** **AZ** **85339**
Street City State Zip

Name: **THE LOUNGE SOCIAL HOUSE** Percentage: **75%**

Address: **1457 W SOUTHERN AVE STE 107 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.

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.

Declaration:

I, (Print Name) KIANNAH PARKS, declare under penalty of perjury that I am authorized to submit this application. I have read the contents of this application, and to the best of my knowledge believe all statements made on this application to be true, correct and complete.


Signature

Date Received: _____

I, _____ (Government Official) _____ (Title) recommend APPROVAL DISAPPROVAL

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

APPROVAL DISAPPROVAL BY: _____ DATE: _____

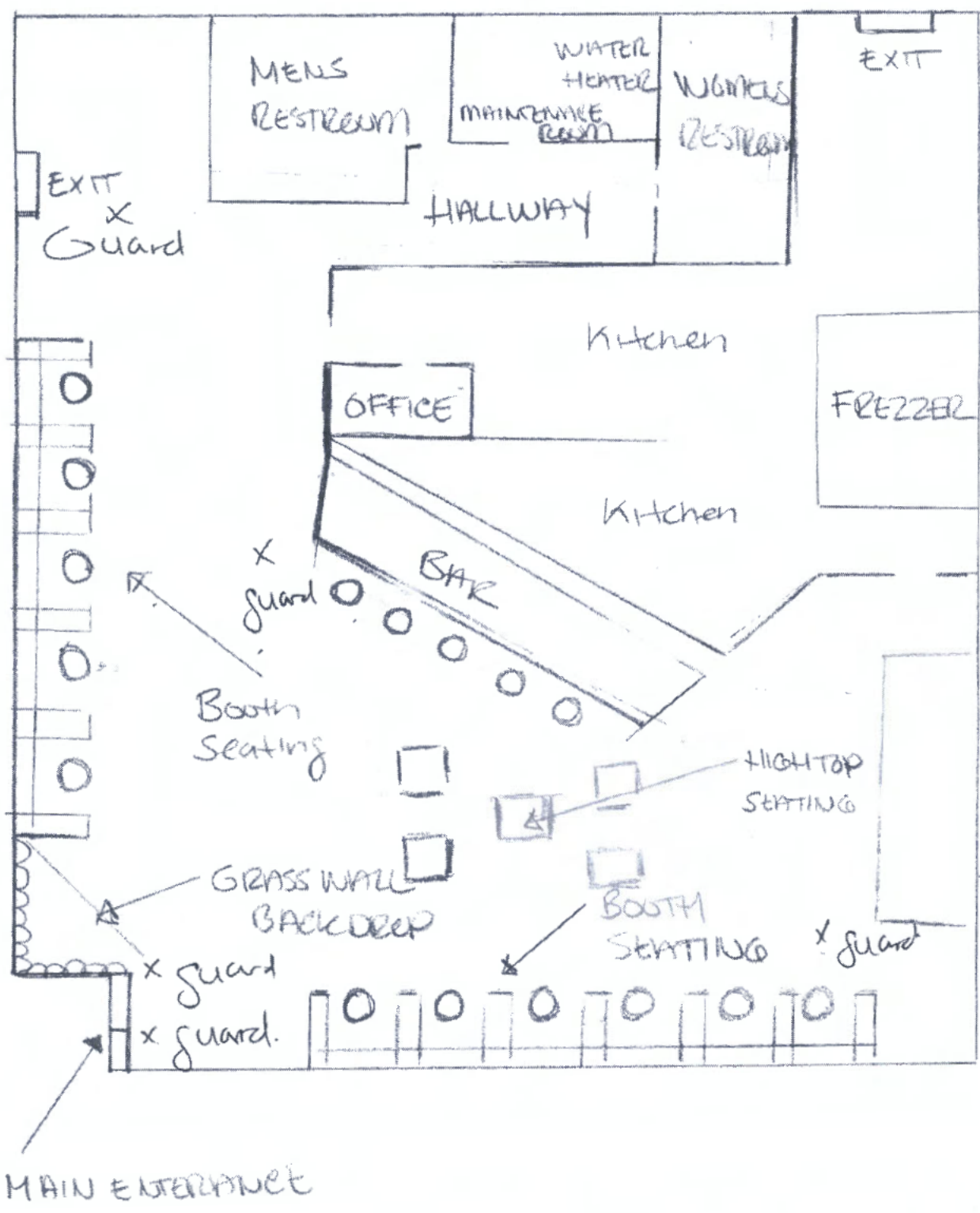
A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees: enforcement; notice

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.



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

DEPARTMENT OF THE TREASURY

Date:

MAR 08 2017

GALPATCH
PO BOX 289
LAVEEN, AZ 85339-0000

Employer Identification Number:
82-0626448
DLN:
26053462003017
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:
February 28, 2017
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 947

GALPATCH

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffrey I. Cooper". The signature is stylized with a large initial "J" and a long horizontal stroke at the end.

Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements

ENTITY INFORMATION

Search Date and Time: 9/22/2022 3:57:58 PM

Entity Details

GALPATCH	Entity Name:
21636976	Entity ID:
Domestic Nonprofit Corporation	Entity Type:
Active	Entity Status:
2/23/2017	Formation Date:
In Good Standing	Reason for Status:
6/25/2018	Approval Date:
6/2/2021	Status Date:
2/23/2017	Original Incorporation Date:
Perpetual	Life Period:
non-profit (youth)	Business Type:
2021	Last Annual Report Filed:
Arizona	Domicile State:
2/23/2022	Annual Report Due Date:

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2022

Original Publish Date:

Statutory Agent Information

Name:

KIANNAH PARKS

Appointed Status:

Active

Attention:

Address:

39 E Jackson st , PHOENIX, AZ 85004, USA

Agent Last Updated:

6/2/2021

E-mail:

Attention:

Mailing Address:

County:

Maricopa

Principal Information

Title	Name	Attention	Address	Date of Taking Office	Last Updated
Director	Kiannah Parks		39 E Jackson st, PHOENIX, AZ, 85004, Maricopa County, USA	2/23/2017	6/2/2021
Secretary	Kiannah Renee Parks		39 E Jackson st, PHOENIX, AZ, 85004, Maricopa County, USA	6/1/2018	6/2/2021

Page 1 of 1, records 1 to 2 of 2

Address 

Attention:

Address: 39 E Jackson st, PHOENIX, AZ, 85004, USA

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Last Updated: 6/2/2021

Entity Principal Office Address

Attention:

Address:

County:

Last Updated:

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