

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 State of Arizona Special Event Liquor Application 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 State of Arizona

Extension of Premises Application 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 The event will be fenced-in with Mesa PD and security checking ID's and wristbanding

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

Raise Your Hands Inc		87-3654650
Charity's or Organization's Name		501 (C)#
Lisa Wood	Vice President	[REDACTED]
Name of Contact at Charity/Organization	Title with Organization	Phone Number
Lisa Wood		

On-Site Agent Responsible for Liquor

How will attendees over the age of 21 be identified? This is a 21 and over event, but everyone will be ID and wristbanded to enter. Security will also be floating around making sure everyone has a wristband.

What controls will be used to keep attendees under the age of 21 from obtaining alcohol at the event? By being ID and wristbanded at entrance. Bar volunteers and security will still check

Will food be served? Yes No If yes, what type of food will be served Food Trucks
Seating capacity of designated area: # 3,500 attendees

AMENDMENT

Date 9/7/22 Staff TS

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
1602-542-5111

DLIC USE ONLY	
Job #	
Date Accepted	
CSR	

Type or Print with **Black Ink**

1-10 days consecutive days only. Cash, Checks or Money Orders Only

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.

1. Applicant: _____
2. Applicant's mailing address: _____
Street City State Zip
3. Applicant's home/cell phone: _____ Applicant's business phone: _____
4. Applicant's email address: _____

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

SECTION 3 Non-Profit/IRS Tax Exempt Number: _____

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

SECTION 5 Event Location Name: River View Park

SECTION 6 Event Address: 2202 W. Rio Salado Parkway, Mesa 85201

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

****SEPARATE APPLICATION FOR EACH "NON-CONSECUTIVE" DAY****

Days	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM
<u>9-7-2022</u> DAY 1	<u>11-11-22</u>	<u>Friday</u>	<u>4pm</u>	<u>10pm</u>
DAY 2	<u>11-12-22</u>	<u>Saturday</u>	<u>4pm</u>	<u>10pm</u>
DAY 3				
DAY 4				
DAY 5				
DAY 6				
DAY 7				
DAY 8				
DAY 9				
DAY 10				

*

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

DLIC USE ONLY
Job #: _____
Date Accepted: _____
CSR: _____

Type or Print with **Black Ink**

1-10 days consecutive days only, Cash, Checks or Money Orders Only

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.

- 1. Applicant: Lisa Wood
- 2. Applicant's mailing address: 21037 E Camacho Rd Queen Creek AZ 85142
Street City State Zip
- 3. Applicants home/cell phone: [REDACTED] Applicant's business phone: SAME
State
- 4. Applicant's email address: wood.lisa77@gmail.com

SECTION 2 Name of Non-Profit Organization, Candidate or Political Party/Gov.: Raise Your Hands Inc

SECTION 3 Non-Profit/IRS Tax Exempt Number: 87-3654650

SECTION 4 Arizona Corporation Commission File #: 23298373 If out of State please specify: _____

SECTION 5 Event Location Name: Riverview Park

SECTION 6 Event Address: 2202 W. Rio Salado Parkway, Mesa 85201

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

****SEPARATE APPLICATION FOR EACH "NON-CONSECUTIVE" DAY****

Days	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM
DAY 1:	11-11-22	Friday	4 pm	10 pm
DAY 2:	11-12-22	Saturday	4 pm	10 pm
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.)

4 Number of Police 12 Number of Security Personnel Fencing Barriers

Explanation: The event will be completely fenced-in using fencing panels 10ft high by 10ft wide. Security will be staffed at entrance and emergency ingress and egress. Security will be checking ID's and wristbanding at the entrance.

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? NONE

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: Raise Your Hands Inc Percentage: 100%

Address: 21037 E Camacho Rd Queen Creek AZ 85142
Street City State Zip

Name: _____ Percentage: _____

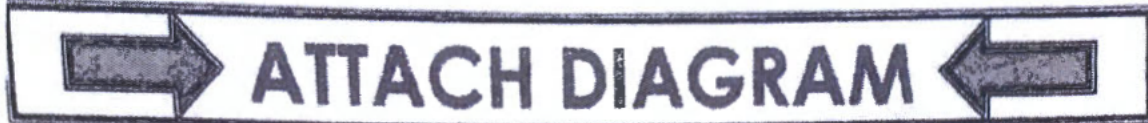
Address: _____
Street City State Zip

Please read A.R.S. § 4-203.02 Special event license: rules and R19-1-205 Requirements for a Special Event License.

ALL ALCOHOLIC BEVERAGE SALES MUST BE FOR CONSUMPTION AT THE EVENT SITE ONLY.

**ALL ALCOHOLIC BEVERAGES SHALL LEAVE A SPECIAL EVENT UNLESS THEY ARE IN AUCION WINE OR DISTILLED SPIRITS
IN 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) Lisa Wood 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.

Lisa E. Wood
Signature

Date Received: _____

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

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.

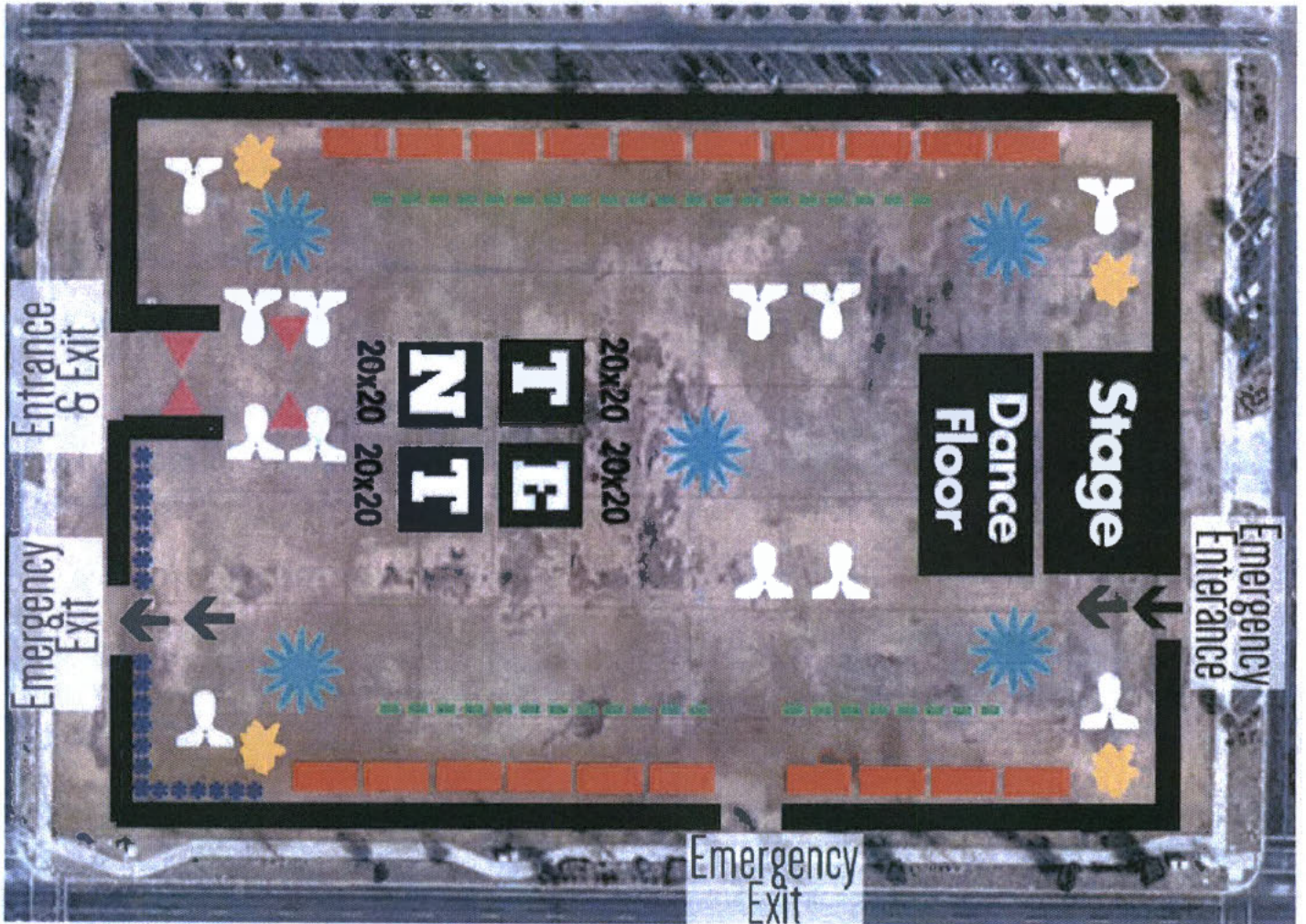
D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

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.

KEY

-  Food Trucks (20)
-  Porta Pottys (20)
-  Light Towers (4)
-  Police (4)
-  Vendors (40)
-  Bar (5)
-  Security (12)
-  Fencing 10ft. High





Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

RAISE YOUR HANDS INC
C/O ROBERT J BELL
840 W 8TH AVE
MESA, AZ 85212

Date: 02/02/2022
Employer ID number: 87-3654650
Person to contact: Name: Customer Service
ID number: 31954
Telephone: 877-829-5500
Accounting period ending: December 31
Form 990-PF required: Yes
Effective date of exemption: November 18, 2021
Addendum applies: No
DLN: 26053727006421

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.

Sincerely,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 11-19-2021

Employer Identification Number:
87-3654650

Form: SS-4

Number of this notice: CP 575 E

RAISE YOUR HANDS INC
840 W 8TH AVE
MESA, AZ 85212

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 87-3654650. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your Organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status under Internal Revenue Code Section 501(c)(3), organizations must complete a Form 1023-series application for recognition. All other entities should file Form 1024 if they want to request recognition under Section 501(a).

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

Unless a filing exception applies to you (search www.irs.gov for Annual Exempt Organization Return: Who Must File), you will lose your tax-exempt status if you fail to file a required return or notice for three consecutive years. We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter.

For the most current information on your filing requirements and other important information, visit www.irs.gov/charities.

ENTITY INFORMATION

Search Date and Time: 9/1/2022 10:45:47 AM

Entity Details

	Entity Name:
RAISE YOUR HANDS, INC.	
	Entity ID:
23298373	
	Entity Type:
Domestic Nonprofit Corporation	
	Entity Status:
Active	
	Formation Date:
11/18/2021	
	Reason for Status:
In Good Standing	
	Approval Date:
12/6/2021	
	Status Date:
11/18/2021	
	Original Incorporation Date:
11/18/2021	
	Life Period:
Perpetual	
	Business Type:
Support Autism and other charitable organizations	
	Last Annual Report Filed:
	Domicile State:
Arizona	
	Annual Report Due Date:
11/18/2022	
	Years Due:

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Statutory Agent Information

Name:

Lisa E Wood

Appointed Status:

Active 12/6/2021

Attention:

Address:

21037 E. Camacho Rd, QUEEN CREEK, AZ 85142, USA

Agent Last Updated:

12/6/2021

E-mail:

Attention:

Mailing Address:

County:

Maricopa

Principal Information

Title	Name	Attention	Address	Date of Taking Office	Last Updated
Director	Robert J. Bell		840 W. 8th Ave., MESA, AZ, 85212, Maricopa County, USA	11/17/2021	12/6/2021

Page 1 of 1, records 1 to 1 of 1

Address 

Attention: Robert J. Bell

Address: 840 W. 8th Ave., MESA, AZ, 85212, USA

County: Maricopa

Last Updated: 12/6/2021

Entity Principal Office Address

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