# Melting 4/2/18

# Special Event Liquor License Application Attachment B

Licensing Office 55 North Center Street PO Box 1466 Mesa, Arizona 85211-1466 480-644-2316 Telephone 480-644-3999 Fax www.mesaaz.gov



MAR 1 5 2018

|   | Pirity   Zink   |
|---|---|
| If you are having alcohol sales you will need to obtain a Premises from City of Mesa Licensing Office. This must license is required with special provision outlined. Plan    | be submitted at least 60 days prior to the event. A $X^{\vee}$ $\wedge$ |
| Check all that apply:   | •   |
| ☐ Free/Host Alcohol ☐ Alcohol Sales ☐ Host and Sale Alcohol   | Beer and Wine Beer, Wine and Distilled Spirits                          |
| Do you plan to secure a:  |   |
| Council. After city approval, your application must be submitted fees involved at the State. A non-profit association must obtain Liquor Application and site plan.)  OR      | ed to and approved by the State of Arizona. There are                   |
| ■ Extension of Premises License - There is no fee involve liquor license is already in affect and you want to extend the ar Extension of Premises Application and site plan.) | ea where liquor is sold. (Complete State of Arizona                     |
| Please describe your security plan to ensure the safe sale or dis   | tribution of alcohol at your event_April 15**                           |
| If applying for a Special Event Liquor License the follow   | in a most to a most dead.   |
| Mang Toy foundation   | 34-3853560  |
| Charity's or Organization's Name  Allen way of Mag Toy foundation  Name of Contact at Charity/Organization  Title   | 501 (C)#  |
| On-Site Agent Responsible for Liquor  |   |
| How will attendees over the age of 21 be identified? WY6.  To will be checked at event local Beer from heaving Six event.   | from checkin. Searity will Provent                                      |
| What controls will be used to keep attendees under the age of 3   | 21 from obtaining alcohol at the event?                                 |
| Organization of the even  |   |
| Will food be served? ☐ Yes ☐ No If yes, what type of food   |   |
| Seating capacity of designated area: #_ 2c  |   |



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

| FOR DLLC              | 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: Mag Toy foundation  |
| Name of Licensed Contractor only (if any):  |
| SECTION 2 Non-Profit/IRS Tax Exempt Number: 36-3853560  |
| SECTION 3 Event Location: Slown Park Mesa / Cubs Park Spring Training facili  |
| Event Address: 2330 W. Rio Salado Parhway Mcsa, AZ85201   |
| SECTION 4 Applicant must be a member of the qualifying organization and authorized by an Officer, Director, or Chairperson of the Organization.   |
| 1. Applicant: Mag Allen Last First Middle Dale of Birth  2. Applicant's molling orderes: 12RA N 119th Street Scattsdale & S. 55.55  |
| 2. Applicant's mailing address: 1270 N. 119th Street Scatisdale Az 85259  Street City Stote Zip   |
| 3. Applicant's home/cell phone: (REDACTED) Applicant's business phone: (YA) 272-7671  |
| 4. Applicant's email address Al. Maag C Haag Commplus. com  |
|   |
| 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  Title/ Position  Date  The foregoing instrument was acknowledged before me this  State Arizona County of Maricapa  My Commission Expires on: 0513112 and Date  Date  declare that I am the APPLICANT filing this application as listed that I am the APPLICANT filing this application as listed and is statements are true, correct and complete.  3/15/18 480 -272-7671  Title/ Position  Date  Phone Number  Month  Year  State Arizona County of Maricapa  My Commission Expires on: 0513112 and Date |



ARYON FAREGHI
Notary Public - State of Artzona
Maricopa County
My Commission Expires
MAY 31, 2019

| SECTION  | 15 Regarding the application for a special event property certifies that the Organization meets the criterial boxes below.  | oermit: The <b>Office</b><br>In A.R.S. <b>§</b> 4-203.        | er, <b>Director, or Chairpersor</b><br>02(E) as Indicated by ch  | of the organization<br>ecking one of the            |
|--|---|---|--|---|
| (1)  | The Organization is a political party or a campaig<br>indicate the name of the candidate that the Org<br>month and year that the candidate would first fill   | anization suppo   | rts, the office that the co  | public office. Please<br>indidate seeks, and the    |
|  | Candidate:  |   |  |   |
|  | Name  | Office  | Month  | /Year   |
| (S) (E)  | The Organization is a non-profit entity organized in for designation under Section 501(C) of the internapplying under option (2) as a nonprofit entity, plastatements to indicate that, to the best of the Organization   | al revenue code<br>lease also <b>INIT</b> I                   | of the United States. If the of the original origina | he Organization Is<br>ed next to all following      |
|  | To be initialed only by an Officer, Dir   | ector, or Chai  | irperson of the orgar  | nization.   |
| 21   | The Organization has received a determination less eligible for designation as a nonprofit entity und special event will occur, or has a pending application that will retroactively cover all days that the special event will retroactively cover all days that the special event will retroactively cover all days that the special event will retroactively cover all days that the special event will retroactively cover all days that the special event will retroact the application (without a special event will retroact the special event will be special event with the special event will retroact the special event will be special event will | ler Section 501 (C<br>ation with the IRS<br>pecial event will | <ul> <li>eligibility or will be eligit<br/>for such treatment that<br/>occur. (Please provide of</li> </ul>  | ble on all days that the                            |
| the  | The Organization is not aware of any action taker<br>Eligibility under 501(C), or if there is a pending app<br>the IRS will deny its application and has a good for<br>guidelines and forms that are eligible under 501(C   | ollcation, the eligath basis formed                           | ibility has not received a   | ny indication that                                  |
| The state of the s | The Organization understands that If there is a che cause or has caused it to lose its eligibility under 5 letter, that it has an affirmative duty to notify the I regarding the loss of eligibility.   | 01(C), whether b  | efore or after receiving a   | on IRS determination                                |
| To be co   | mpleted only by an Officer, Director, or Chairperson of   | the organization.   |  |   |
| I, (Printing of the c  | organization filing this application as listed above. I have correct and complete.  | declare th  | nat I am an Officer, Directo<br>ation and the contents and   | r, or Chairperson of<br>all statements are          |
|  | de 16   | under   | 3/15/18  | REDACTED  |
| Signat   | THE   | Itle/ Position  | Date   | Phone Number  |
| The f  | oregoing instrument was acknowledged before me this   |   | march  | 2018  |
| State  | Arizona County of may 1000  | Day   | Mont   | ARYON FAREGHI                                       |
| Mv.C   | commission Expires on: 05/31/2019   |   |  | Notary Public - State of Ariz na<br>Maricopa County |
| ,  | Date  |   | Signature of flatory   | My Commission Expire<br>MAY 31, 2019                |
|  | 100   |   |  | ****  |
| SECTION  | Will this event be held on a currently licensed<br>(If yes, Local Governing Body Signature not re   | premise and with<br>quired)                                   | nin the aiready approved   | premises? Yes No                                    |
|  | Name of Business  | Ucense Number   | Phone  | (Include Area Code)                                 |

| SECTION 7 How is this special event going to a<br>318 for explanation and check one  |   | ing of spirituous Ilquors? F  | Please read R-19- |
|--|---|-------------------------------|-------------------|
| Place license in non-use   |   |                               |                   |
| Dispense and serve all spirituous liquors  |   |                               |                   |
| Dispense and serve all spirituous liquors  | •   |                               |                   |
| Spiit premise between special event ar   | nd retail location                            |                               |                   |
| (IF USING RETAIL LICENSE, PLEASE SUBMIT A LETTER RUN CONCURRENT WITH THE PERMANENT LICENSE I AGENT/OWNER WILL NEED TO SUSPEND THAT PORTI | DURING THE EVENT. IF THE SPECIAL EVENT        |                               |                   |
| SECTION 8  |   |                               | 51                |
| What is the purpose of this event?   | consumption Off-site (auction/win             | ne/distilled spirits pull)    | Both              |
| SECTION 9  |   |                               |                   |
| Has the applicant been convicted of a felo     Yes   | ny, or had a liquor license revoked w         | ithin the last five (5) years | s?                |
|  |   | 1                             |                   |
| <ol><li>How many special event days have been is<br/>(The number cannot exceed 10 days per year.)</li></ol>                              | ssued to this organization during the c       | alendar year?                 |                   |
| 3. Is the organization using the services of a lic   | ensed contractor or other person to r         | manage the sale or servi      | ce of alcohol?    |
| Yes No (If yes, must be a licensed contractor  | r or licensee of series 6, 7, 11, or 12)      |                               |                   |
| 4. List all people and organizations who will applying must receive 25% of the gross reve  | enues of the special event liquor sales       | Attach an additional p        | age If necessary, |
| Name Liciag Toy fundation  | Percent                                       | age: 100 7.                   |                   |
| Address 555 N. Scottsdale  | Road Suite 200 T.                             | empe AZ 852                   | 82                |
| Name   | Percer  | ntage:                        |                   |
| Address  |   |                               |                   |
| Street   | City  | State                         | Zip               |
| Piease read A.R.S. § 4-203.02 Special eve  | ent license; rules and R19-1-205 <u>Requi</u> | rements for a Special Ev      | ent License.      |
| Note: ALL ALCOHOLIC BEVERAGE   | GE SALES MUST BE FOR CONSUMPTIO               | ON AT THE EVENT SITE ON       | ILY.              |
| NO ALCOHOLIC BEVERAGES SHALL LEAVE A<br>SEALED CONTAINERS OR THE SPECIAL EV  |   |                               |                   |
| 5. What type of security and control measures (List type and number of police/security personnel of                                      |   |                               |                   |
| Number of Police2  | Number of Security Personr                    | nel Pencing                   | Barriers          |
|  |   |                               |                   |
| Explanation: Beer will be Se   | envedout of concessi                          | on Stand that                 | is sucramole      |
| Explanation: Beer will be se<br>by fencing and fields.   |   |                               | is surranded      |
| Explanation: Beer will be se<br>by fencing and fields.   |   | ion Stand that                | 13 Sucramolec     |
|  |   |                               | IS Sucramolec     |

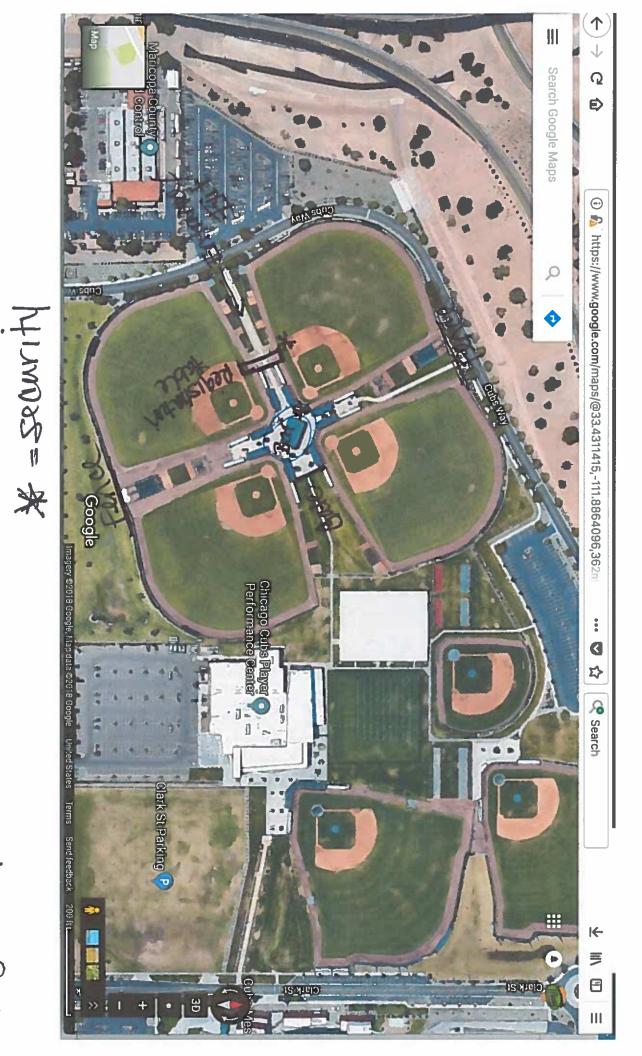
### PLEASE FILL OUT A SEPARATE APPLICATION FOR EACH "NON-CONSECUTIVE" DAY

|        | Date    | Day of Week | Event Start<br>Time AM/PM | License End<br>Time AM/PM |
|--------|---------|-------------|---------------------------|---------------------------|
| DAY 1: | 4-15-18 | sunday      | 11 Am                     | 5pm                       |
| DAY 2: |         | 1           |                           |                           |
| DAY 3; |         |             |                           |                           |
| DAY 4: |         |             |                           |                           |
| DAY 5: |         |             |                           |                           |
| DAY 6: |         |             |                           |                           |
| DAY 7: |         |             |                           |                           |
| DAY 8: |         |             |                           | <u>.</u>                  |
| DAY 9: |         |             |                           |                           |
| DAY10: |         |             |                           |                           |

<u>SECTION 11</u> 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

# Antiquet day \*\*\*\*\*\*\*\*\*\*



I MESA PD Officer roadming throughout

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 lurisdiction.

| SECTION 12 Local Governing Body Approval Se  |                       |                     |               |
|--|-----------------------|---------------------|---------------|
| i,(Government Official)                      | (Tifle)               | recommend □APPROVAŁ | ☐ DISAPPROVAL |
| On behalf of(City, Town, County)             | Signature             | Dale                | Phone         |
| SECTION 13 For Department of Liquor Licenses | and Control use only. |                     |               |
| □APPROVAL □DISAPPROVAL BY:                   |                       | DATE: _             |               |

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

- 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



Return to Search

### **Exempt Organizations Select Check**

**Exempt Organizations Select Check Home** 

Organizations Eligible to Receive Tax-Deductible Charitable Contributions (Pub. 78 data) - Search Results

The following list includes tax-exempt organizations that are eligible to receive tax-deductible charitable contributions. Click on the "Deductibility Status" column for an explanation of limitations on the deductibility of contributions made to different types of tax-exempt organizations.

Results are sorted by EIN. To sort results by another category, click on the icon next to the column heading for that category. Clicking on that icon a second time will reverse the sort order. Click on a column heading for an explanation of information in that column.

1-1 of 1 results Results Per Page 25 V OK « Prev | 1-1 | Next »

EIN = Legal Name (Doing Business As) = City = State = Country = Deductibility Status = 36-3853560 Maag Toy Foundation Inc. Scottsdale AZ United States PC

https://apps.irs.gov/app/eos/pub78Search.do?ein1=363853560&names=&city=&state=All......