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



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

prior to the event. A license is requir complete this process.	ed with special pr	ovisions outlined. Plan	a militimized of 60 days to
Check all that apply:			
Free/Host Alcohol Beer	Alcohol Sales Beer and Wine	Host and Sale Alcoho	
Do you plan to secure a:			
Special Event Liquor License - The Council. After city approval, your applicates involved at the State. This license of Arizona Special Event Liquor Application	tion must be submit an only be obtained	ted to, and approved by, the by a non-profit organization,	e State of Arizona. There are 501(C). (Complete the State
Extension of Premises License - Ti			
Extension of Premises Application and site	plan and submit it	with this Attachment B.)	
If this is an Extension of Premises, are the area? No ☐Yes ☐ Type of activities takin		es taking place except for th	e sale of liquor in the extended
Please describe your security plan to ensure the pl	hecked prior to purchase of drink	tickets.	event There will be a security person
Sweet Adeline's International Simp	oly A Cappella	52-17520	076
Charity's or Organization's Name		_!	501 (C)#
LeAnn Close	Event	Organizer	
Name of Contact at Charity/Organization	Tit	le with Organization	Phone Number
LeAnn Close			
On-Site Agent Responsible for Liquor			
How will attendees over the age of 21 be	identified? IDs will be requ	ired of anyone requesting alcoholic beverage	s and checked prior to purchase of drink tickets.
What controls will be used to keep attended in order to purchase alcohol. In order to get drink tickets a valid drivers license		-	
		Name of the last o	Baked Beans, Sourkraut, Potato Salad, Dessert

CSR:	
Amount:	



SPECIAL EVENT LICENSE APPLICATION FEE \$25.00 PER DAY

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

	MESA DLLC USE ONLY
IC	MESADLIC USE ONLY JOHN ICE Date Accepted:
	CSR:
	License #:

Application MUST be submitted to the Department of Liquor 10 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.

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1. Applicant: Close	LeAnn				
(Must be an Officer/Mem	ber of the Non Profit Entity) Las		First	Middle	
2. Applicant's mailing	g address: 8209 S 4th Ave	e, Phoenix, AZ 85041			
	Stre	eet	City	State	Zip
Applicants home/	cell phone:	Appli	cant's business phone:	N/A	
4. Applicant's email	address: leannc@the	eaccountingcompar	y.com		10 May 10
5. Special Event Nan	ne: Oktoberfest				
6. Name of Non-Profi	Organization, Candido	ate or Political Party/Gov	Sweet Adeline's Internati	ional Simply A C	appella Chapter
7 Non-Profit/IRS Tax F	xempt Number 52-17	752076			
8. Arizona Corpora	ation Commission File	#: N/A 10089226	out of State please s	pecify: N/A	
					tter of good standing
9. Event Location Na	me: Apache Wells Commu	inity			
10 Event Address: 2	233 North 56th Stre	eet, Mesa, AZ 8521	5		
IU. Eveni Address					
Dates and	d Hours of Event - Days	must be consecutive of	and may not exceed 1	0 consecutive	e days.
	**SEPARATE APPL	ICATION FOR EACH	"NON-CONSECUTIV	E" DAY **	
Days	Date	Day of Week	Event Start	THE PERSON NAMED IN	nse End
			Time AM/PM	Time	AM/PM

Days	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM
DAY 1:	11/04/2023	Saturday	4:00PM	11:00PM
DAY 2:				_interest to the
DAY 3:				
DAY 4:				
DAY 5:				
DAY 6:				
DAY 7:				
DAY 8:				
DAY 9:				
DAY10:				
		5		

2/6/2023

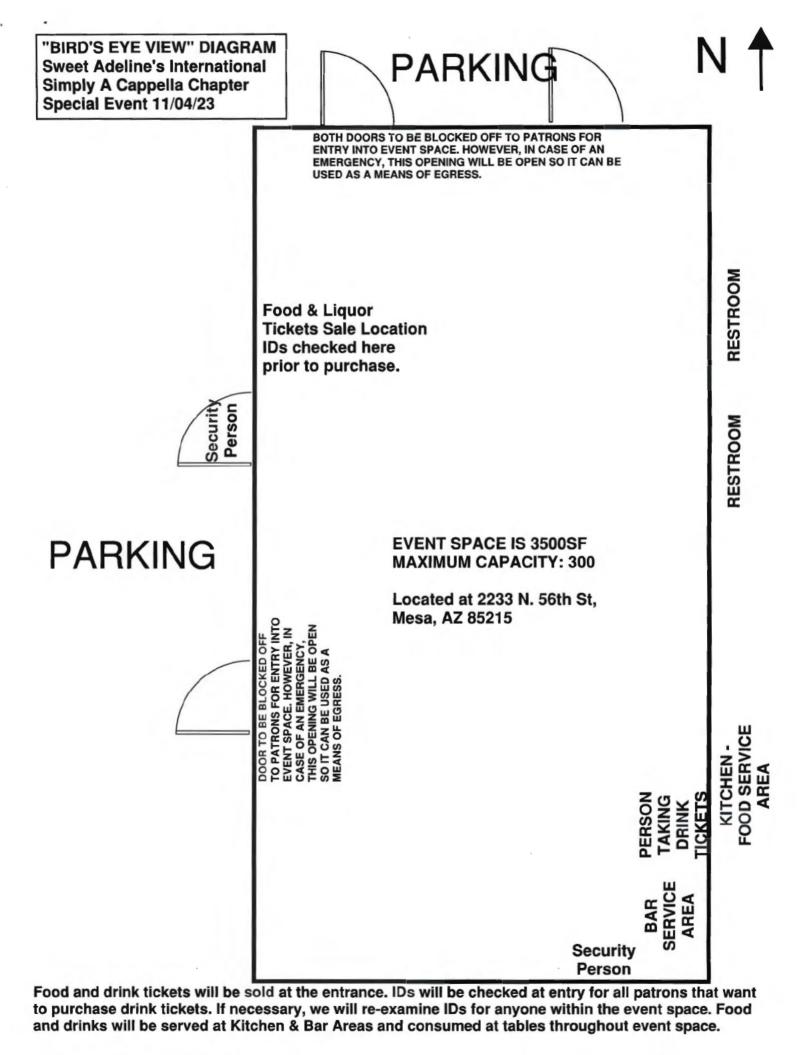
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		neasures will you take to prevent viole ersonnel and type of fencing or control ba		vs at this event?
Number of P	olice 2	Number of Security Personnel	Fencing	✓ Barriers
<u>Must</u> explain security measures:	There will be an ac	dult male at each entry door. Members	of group will be moni	itoring patrons
inside the structure throughout th	e entire period of th	e event. Liquor will not be permitted ou	tside of the event sp	ace.
SECTION 3 What is the purpose	e of this event?			
✓On-site consumption	□Off-site (auction/wine/distilled spirits pull)	□Во	th
How is this special event going Check one of the following box		ensing, serving, and selling of spirituo	us liquors?	
A) Special Event being held Body on page 3. (If chec		premises will require approval and sigon 4)	gnature by the Loca	Governing Ir
The state of the s	· · · · · · · · · · · · · · · · · · ·	d premises and within the already ap nises with an explanation of the option		ed area?
Name o	f Business	License Number	Phone (Inc	lude Area Code)
•		selling all alcohol without retailer involvicense for duration of special event	vement	
Dispense and serve all spiritude revenue from alcohol sales is a		etailer's license – Business operates non	mally, minimum of 25	5% of gross
purchased or donated by the	special event license	pecial event - The special event license ee. The retailers existing alcohol invento from the location suspending license	ory must be separate	ed from any alcoho
sales of alcohol. (These sales w	ill be done in separa	location - Both the special event licens ate areas. If alcohol is donated or purct t is dispensed by the licensed retailer.)		
Off Sale only - Wine/Distilled service of alcohol.	Spirits Pull, Live or S	illent Auctions – Retailer will still be pern	mitted to conduct all	l normal sale and
SECTION 4				
1. Has the applicant been con	victed of a felony	r, or had a liquor license revoked wit	thin the last five (5)	years?
☐ Yes ☑ No If yes, attach let	ter of explanation.			
2. How many special event do	ıys have been issu	ed to this organization during the co	alendar year? 1	
	and sell alcohol or	ecial Event Contractor? (A licensee c n behalf of the licensee. If no special e		
☐ Yes ✓ No If yes, please pro	ovide the Name o	f the Special Event Contractor:		
		s 6, 7, 11, or 12 licensee to manage nse are automatically qualified to be		
Yes No if yes, please pr	ovide the Name o	of Licensee:	_ License #:	#.
5. List the name of the Individu	al or Organization	that will receive revenues, MUST EQ	UAL 100 PERCENT.	

Attach additional sheet if necessary.

		Percentage: 10	4 500
Address: 8209 S 4th Ave, Phoenix, AZ 85041			
211.001	City	State	Zip
Name: Sweet Adeline's International Simply A Cappella Chapt	er	Percentage: 90	
Address: 8209 S 4th Ave, Phoenix, AZ 85041	City	State	Zip
	•		
Please read A.R.S. § 4-203.02 <u>Special event licen</u> ALL ALCOHOLIC BEVERAGE SALES N			
NO ALCOHOLIC BEVERAGE SALES N NO ALCOHOLIC BEVERAGES SHALL LEAVE A SPECIA SEALED CONTAINERS OR THE SPECIAL EVENT LIC	L EVENT UNLESS TH	EY ARE IN AUCTION WINE O	OR DISTILLED SPIRITS PU
SECTION 5 License premises diagram. The licens authorized to sell, dispense or serve alcoholic bever of your special event licensed premises. Please showneasures and security position.	ages under the p	rovisions of your license. Ple	ease attach a diagram
ATTACI	H DIA	GRAM	
Declaration:			
I, (Print Name) LeAnn Close authorized to submit this application. I have read believe all statements made on this application t	the contents of th	eclare under penalty of it application, and to the bound complete. Signature	perjury that I am est of my knowledge
authorized to submit this application. I have read believe all statements made on this application t	the contents of th	ir application, and to the b	perjury that I am est of my knowledge
authorized to submit this application. I have read believe all statements made on this application to be sometimes of the statements made on the same statements made on the same statements made on the same statements application. I have read believe all statements made on this application. I have read believe all statements made on this application. I have read believe all statements made on this application. I have read believe all statements made on this application. I have read believe all statements made on this application.	the contents of th	ir application, and to the b	perjury that I am est of my knowledge
authorized to submit this application. I have read believe all statements made on this application to be statements made on the same statements. COCAL GOVERNING BODY Date Received: (Government Official)	the contents of th	ir application, and to the b	est of my knowledge
authorized to submit this application. I have read believe all statements made on this application to be a statement of the second statements application to be a statement of the second statement of	the contents of the bearing of the b	is application, and to the b and complete. Signature	est of my knowledge
authorized to submit this application. I have read believe all statements made on this application to the statements made on the same of t	(Title) Signature ity where the fair, check with local of	signature Signature Signature Date	est of my knowledge AL DISAPPROVAL Phone ay require additional advance they require

2/6/2023





DGDEN UT 84201-0046

In reply refer to: 0423261453 Sep. 12, 2016 LTR 252C 0 52-1752076 000000 00

> 00004166 BDDC: TE

SWEET ADELINES INTERNATIONAL SIMPLY A CAPPELLA CHAPTER % MARY ELLEN HOOD 11880 E TERRA DR SCOTTSDALE AZ 85259



004238

Taxpayer Identification Number: 52-1752076

Dear Taxpayer:

Thank you for the inquiry dated July 25, 2016.

We have changed the name on your account as requested. The number shown above is valid for use on all tax documents.

If you need forms, schedules, or publications, you may get them by visiting the IRS website at www.irs.gov or by calling toll-free at 1-800-TAX-FORM (1-800-829-3676).

If you have any questions, please call us toll free at 1-877-829-5500.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Numb	er ()	Hours
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Sincerely yours,

Nicole T. Salazar

Dept. Manager, Code & Edit/Entity 3

Enclosure(s): Copy of this letter

ENTITY INFORMATION

Search Date and Time: 7/6/2023 9:52:46 AM

Entity Details

Entity Name:

SIMPLY A CAPPELLA

Entity ID:

10089226

Entity Type:

Domestic Nonprofit Corporation

Entity Status:

Active

Formation Date:

11/14/2001

Reason for Status:

In Good Standing

Approval Date:

8/23/2018

Status Date:

Original Incorporation Date:

11/14/2001

Life Period:

Perpetual

Business Type:

EDUCATIONAL

Last Annual Report Filed:

2022

Domicile State:

Arizona

Annual Report Due Date:

8/14/2023

Years Due:

Statutory Agent Information

Name:

PATRICIA BOWEN

Appointed Status:

Active 12/6/2001

Attention:

Address:

2150 Longwood Circlr, MESA, AZ 85209, USA

Agent Last Updated:

7/15/2022

E-mail:

Attention:

Mailing Address:

2150 S. Longwood Circle, MESA, AZ 85209, USA

County:

Maricopa

Principal Information

Title	Name	Attention	Address	Date of Taking Office	Last Updated
Director	Gretchen O'Malley		6633 E. Sugarloaf Street, MESA, AZ, 85215, Maricopa County, USA		5/28/2021
Secretary	Laurie Suprock		22868 E. Estrella Rd, QUEEN CREEK, AZ, 85142, Maricopa County, USA		5/28/2021
Treasurer	Patricia Bowen		2150 S. Longwood Circle, MESA, AZ, 85209, Maricopa County, USA		5/28/2021
Treasurer	Patricia Bowen	1	2150 S. Longwood Circle, MESA, AZ, 85209, Maricopa County, USA	5/1/2022	7/15/2022

Page 1 of 1, records 1 to 4 of 4

Address 🕝

Attention: Patricia Bowen

Address: 2150 S. Longwood Circle, MESA, AZ, 85209, USA

County: Maricopa

Last Updated: 7/15/2022

Entity Principal Office Address

Attention:

Address:

County:

Last Updated:

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