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CITY OF MESA
LICENSING OFFICE

115434

Licensing Office
55 North Center Street
Mesa, Arizona 85211-1466
480-644-2316 Telephone
480-644-8999 Fax
www.cityofmesa.org

Office: STAX
Batch #: 51524
Receipt #: 07018827

SPECIAL EVENT AND EXTENSION OF PREMISES INFORMATION SHEET

MULTI

Name: ULTIMATE IMAGINATIONS INC
MESA ROCKS BLOCK PARTY

If you are having alcohol sales 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 provision outlined. Plan a minimum of 60 days to complete this process!

0580 Alcoholic Beverage License \$25.00
Check tendered \$125.00
www.mesaaz.gov

Check all that apply:

- Free/Host Alcohol
- Alcohol Sales
- Host and Sale Alcohol
- Beer
- Beer and Wine
- 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. A non-profit association must obtain this license. (Complete attached State of Arizona Special Event Liquor Application and site plan.)

OR

Extension of Premises License - There is no fee involved with the Extension of Premises. This is allowed when a liquor license is already in affect and you want to extend the area where liquor is sold. (Complete attached State of Arizona Extension of Premises Application and site plan.)

Please describe your security plan to ensure the safe sale or distribution of alcohol at your event _____

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

Ultimate Imaginations Inc. 7425 32 9023
 Charity's or Organization's Name 501 (C)(3)#
 David Short Executive Director 480 890 2113
 Name of Contact at Charity/Organization Title with Organization Phone Number

On-Site Agent Responsible for Liquor _____

How will attendees over the age of 21 be identified? ID's will be checked in order to get a wristband allowing them to purchase alcohol.

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

Security & trained bartenders at each station.

Will food be served? Yes No If yes, what type of food will be served bbq, hot dogs, snacks, etc.

Seating capacity of designated area: # _____

CITY 115434

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934
(602) 542-5141

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CITY OF MESA
LICENSING OFFICE

400 W Congress #521
Tucson AZ 85701-1352
(520) 628-6595

APPLICATION FOR SPECIAL EVENT LICENSE

Fee = \$25.00 per day for 1-10 day events only
A service fee of \$25.00 will be charged for all dishonored checks (A.R.S. § 44-6852)

NOTE: THIS DOCUMENT MUST BE FULLY COMPLETED OR IT WILL BE RETURNED.
PLEASE ALLOW 10 BUSINESS DAYS FOR PROCESSING.

**Application must be approved by local government before submission to
Department of Liquor Licenses and Control. (Section #20)

DLLC USE ONLY
LICENSE #

1. Name of Organization: Ultimate Imaginations

2. Non-Profit/I.R.S. Tax Exempt Number: 742532863

3. The organization is a: (check one box only)

- Charitable
Fraternal (must have regular membership and in existence for over 5 years)
Civic
Political Party, Ballot Measure, or Campaign Committee
Religious

4. What is the purpose of this event? To increase tourism in Downtown Mesa.

5. Location of the event: 1-270 W. Main St. Mesa Maricopa 85201
Address of physical location (Not P.O. Box) City County Zip

Applicant must be a member of the qualifying organization and authorized by an Officer, Director or Chairperson of
the Organization named in Question #1. (Signature required in section #18)

6. Applicant: Short David Warren 11/19/1969
Last First Middle Date of Birth

7. Applicant's Mailing Address: 100 N Center Street Mesa AZ 85201
Street City State Zip

8. Phone Numbers: (480) 890-2613 (480) 890-2613 (480) 307-4022
Site Owner # Applicant's Business # Applicant's Home #

9. Date(s) & Hours of Event: (Remember: you cannot sell alcohol before 10:00 a.m. on Sunday)

Table with 4 columns: Date, Day of Week, Hours from A.M./P.M., To A.M./P.M.
Row 1: Day 1, May 12, 2012, Saturday, 2PM, 10PM

10. Has the applicant been convicted of a felony in the past five years, or had a liquor license revoked?
 YES NO (attach explanation if yes)

11. This organization has been issued a special event license for 7 days this year, including this event
(not to exceed 10 days per year).

12. Is the organization using the services of a promoter or other person to manage the event? YES NO
If yes, attach a copy of the agreement.

13. 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.

Name Ultimate Imaginations, Inc. 100%
Percentage

Address 100 N. Center Street, Mesa, AZ 85201

Name _____ Percentage

Address _____
(Attach additional sheet if necessary)

14. Knowledge of Arizona State Liquor Laws Title 4 is important to prevent liquor law violations. If you have any questions regarding the law or this application, please contact the Arizona State Department of Liquor Licenses and Control for assistance.

NOTE: ALL ALCOHOLIC BEVERAGE SALES MUST BE FOR CONSUMPTION AT THE EVENT SITE ONLY.
"NO ALCOHOLIC BEVERAGES SHALL LEAVE SPECIAL EVENT PREMISES."

15. What security and control measures will you take to prevent violations of state liquor laws at this event?
(List type and number of security/police personnel and type of fencing or control barriers if applicable)

 # Police Fencing
8 # Security personnel Barriers

Security personnel will be at each exit providing security and alcohol control. Personnel will check ID at the single entry/exit point.

16. Is there an existing liquor license at the location where the special event is being held? YES NO
If yes, does the existing business agree to suspend their liquor license during the time period, and in the area in which the special event license will be in use? YES NO

(ATTACH COPY OF AGREEMENT)

Name of Business ()
Phone Number

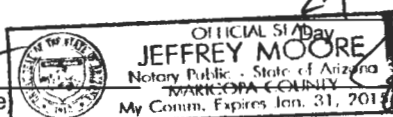
17. Your licensed premises is that area in which you are authorized to sell, dispense, or serve spirituous liquors under the provisions of your license. The following page is to be used to prepare a diagram of your special event licensed premises. Please show dimensions, serving areas, fencing, barricades or other control measures and security positions.

THIS SECTION TO BE COMPLETED ONLY BY AN OFFICER, DIRECTOR OR CHAIRPERSON OF THE ORGANIZATION NAMED IN QUESTION #1

18. I DAVID SHORT declare that I am an Officer/Director/Chairperson appointing the applicant listed in Question 6, to apply on behalf of the foregoing organization for a Special Event Liquor License.

X [Signature] Executive Director 3.27.12 (480) 890-2613
 (Signature) (Title/Position) (Date) (Phone #)
 State of ARIZONA County of MARICOPA

The foregoing instrument was acknowledged before me this

My Commission expires on: 1/31/15 27 03 2012
 (Date) (Day) (Month) (Year)
 [Signature]
 (Signature of NOTARY PUBLIC)

THIS SECTION TO BE COMPLETED ONLY BY THE APPLICANT NAMED IN QUESTION #6

19. I David Short declare that I am the APPLICANT filing this application as listed in Question 6. I have read the application and the contents and all statements are true, correct and complete.

X [Signature] State of Arizona County of MARICOPA
 (Signature) The foregoing instrument was acknowledged before me this

My commission expires on: 1/31/15 27 03 2012
 (Date) (Day) (Month) (Year)
 [Signature]
 (Signature of NOTARY PUBLIC)

You must obtain local government approval. City or County MUST recommend event and complete item #20. The local governing body may require additional applications to be completed and submitted 60 days in advance of the event. Additional licensing fees may also be required before approval may be granted.

LOCAL GOVERNING BODY APPROVAL SECTION

20. I, _____ hereby recommend this special event application
 (Government Official) (Title)
 on behalf of _____
 (City, Town or County) (Signature of OFFICIAL) (Date)

FOR DLLC DEPARTMENT USE ONLY

Department Comment Section:

 (Employee) (Date)

APPROVED DISAPPROVED BY: _____

 (Title) (Date)

BEER

VENDOR

