

LICA21-03150  
10/21/21

# 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 \_\_\_\_\_

Our HOG members are retired Police Officers and our Charity are active & retired Military. Both will patrol during event

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

Unit 1 Bravo AOMA 83-4202312  
 Charity's or Organization's Name 501 (C)#  
 James Branton Director [REDACTED]  
 Name of Contact at Charity/Organization Title with Organization Phone Number  
 James Branton / Yvonne Holmes  
 On-Site Agent Responsible for Liquor

How will attendees over the age of 21 be identified? I.D's checked and wristbands issued for 21 and over

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

Wristbands will be issued and volunteers roaming event

Will food be served? Yes  No  If yes, what type of food will be served TBD

Seating capacity of designated area: # 40



Arizona Department Liquor License and Control  
 800 W Washington St. 5th Floor  
 Phoenix, AZ 85007-2934  
[azliquor.gov](http://azliquor.gov)  
 602-542-5141

**DLIC USE ONLY**

Job #:
Date Accepted:
CSR:
License #:

**SPECIAL EVENT LICENSE APPLICATION  
 FEE \$25.00 PER DAY**

A service fee of \$25.00 will be charged for all dishonored checks (A.R.S § 44-6852  
 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.

**BRANTON JAMES FINLEY**

- Applicant: \_\_\_\_\_
- Applicant's mailing address: 17881 W PERSHING ST SURPRISE AZ 85338
- Applicants home/cell phone: [REDACTED] Applicant's business phone: [REDACTED]
- Applicant's email address: LIQUORLICENSE@AZLIC.COM

**UNIT 1 BRAVO AOMA**

**SECTION 2** Name of Non-Profit Organization, Candidate or Political Party/Gov.: \_\_\_\_\_  
**83-4202312**

**SECTION 3** Non-Profit/IRS Tax Exempt Number: \_\_\_\_\_

**SECTION 4** Event Location: 922 S COUNTRY CLUB DR. MESA AZ 85210

**SECTION 5** Dates and Hours of Event. Days must be consecutive but may not exceed 10 consecutive days.  
 See A.R.S. § 4-244(15) and (17) for legal hours of service.

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

Days	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM
DAY 1:	10/21/2021	THURSDAY	5PM	9PM
DAY 2:	_____	_____	_____	_____
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 0 \_\_\_\_\_ Number of Security Personnel  Fencing  Barriers  
**WRISTBANDS FOR 21 & OVER**

Explanation: \_\_\_\_\_  
**HOG CHAPTER MEMBERS AND UNIT 1 WILL PATROL AREA.**

X Events inside gated area, covered patio & inside dealership.

**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? 4

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. The applying non-profit organization must receive 25% of the gross revenues of the total liquor sales. List the names of the individuals or organizations who will receive the rest of the proceeds, **MUST EQUAL 100%**.

**UNIT 1 BRAVO AOMA** **100%**  
Name: \_\_\_\_\_ Percentage: \_\_\_\_\_

**17881 W PERSHING ST SURPRISE AZ 85388**  
Address: \_\_\_\_\_  
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.**

**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.

**SIGNATURE**

I, (Print Full Name) James F. Branton hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Applicant Signature: James F. Branton

**GOVERNING BOARD**

Date Received: \_\_\_\_\_

I, \_\_\_\_\_ recommend  APPROVAL  DISAPPROVAL  
(Government Official) (Title)

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

**DLLC USE ONLY**

APPROVAL  DISAPPROVAL BY: \_\_\_\_\_ DATE: \_\_\_\_\_

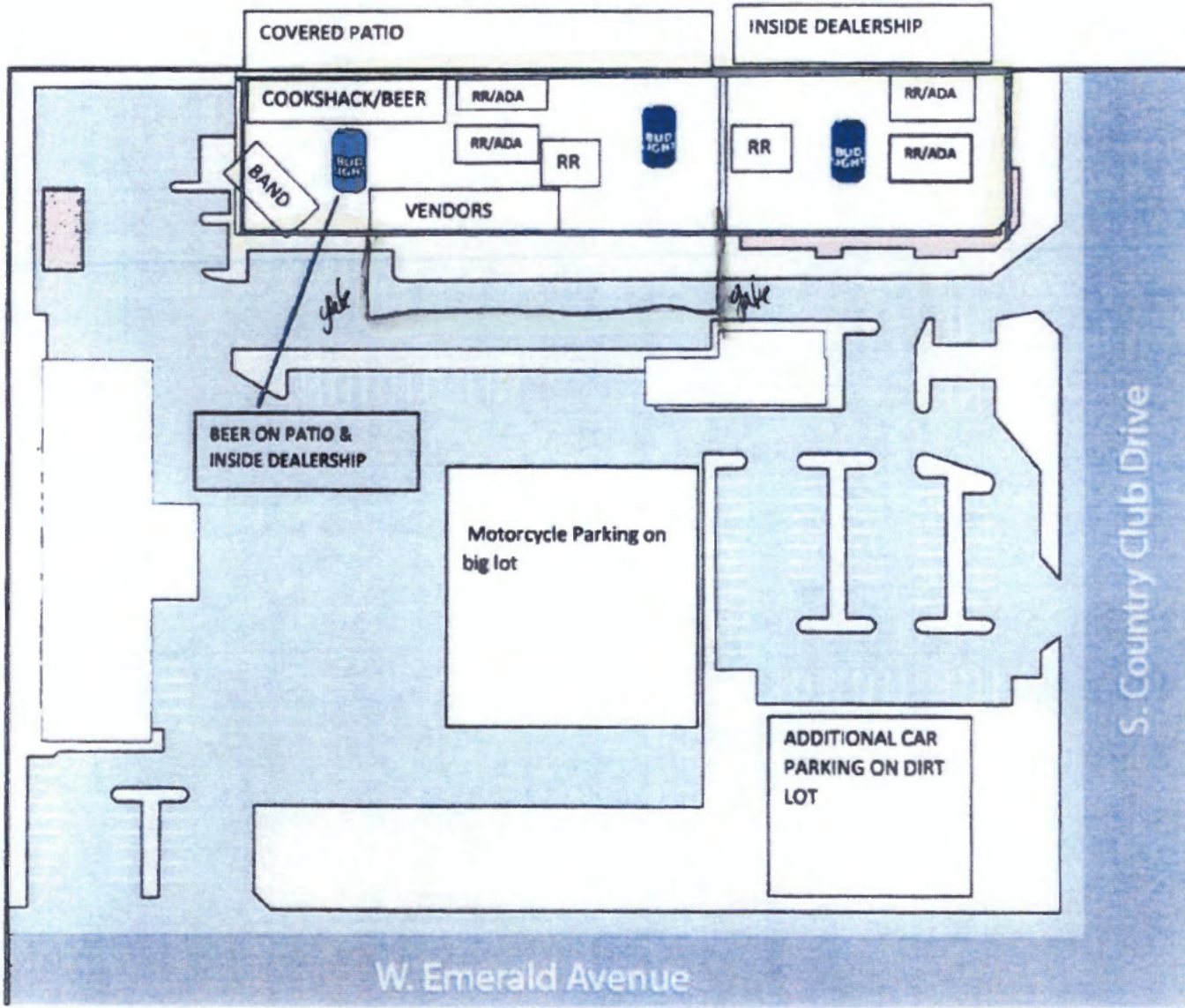
**A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice**

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

**APR 18 2019**

Date:

UNIT 1 BRAVO AOMA  
17881 W PERSHING ST  
SURPRISE, AZ 85388-0200

Employer Identification Number:  
83-4202312  
DLN:  
26053491004119  
Contact Person:  
CUSTOMER SERVICE ID# 31954  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Form 990-PF Required:  
Yes  
Effective Date of Exemption:  
February 21, 2019  
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 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](http://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.

Letter 1076