

# 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 (X) WINE ONLY

Do you plan to secure a: (x) SERIES 16 FAIR/FESTIVAL LICENSE

**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: \_\_\_\_\_

X Please describe your security plan to ensure the safe sale or distribution of alcohol at your event we will have an employee @ <sup>main</sup> entrance + 2 employees giving samples, each attendee will get 6 tickets for 6 samples one employee doing sales.  
 If applying for a Special Event Liquor License the following must be provided: Series 16 FAIR/FESTIVAL

X Down Time Wines, Inc.  
 Charity's or Organization's Name \_\_\_\_\_ 501 (C) # \_\_\_\_\_  
 X Colleen M Kaspar Director/owner \_\_\_\_\_  
 Name of Contact at Charity/Organization \_\_\_\_\_ Title with Organization \_\_\_\_\_ Phone Number \_\_\_\_\_  
 X Colleen M Kaspar  
 On-Site Agent Responsible for Liquor \_\_\_\_\_

X How will attendees over the age of 21 be identified? They will be carded for I.D. or park pass - must be 55 - or over to live there.

X What controls will be used to keep attendees under the age of 21 from obtaining alcohol at the event? The location is 55+ community. Tasting (Activity Hall) is completely enclosed.  
 X Will food be served? Yes  No  If yes, what type of food will be served \_\_\_\_\_  
 X Seating capacity of designated area: # 40

\* employee @ main entrance will guard for underage.

\* open bottles will be on table in front of employee serving it. extra sealed bottles will be behind employee serving in boxes.



RECEIVED

OCT 02 2023

CITY OF MESA  
LICENSING OFFICE

CSR:  
Amount:



**FAIR/FESTIVAL LICENSE**  
**APPLICATION FEE \$15.00 PER DAY**

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

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

Application type:  Craft Distillery/Wine Fair  Craft Distillery/Wine Festival

**SECTION 1**

1. Agent/Individual's Name: Colleen Kaspar Liquor License #: 13073029

2. Premises Name: Down Time Wines, Inc. Contact Phone #: [REDACTED]  
Farm Winery or Craft Distillery

3. Mailing Address: 393 W Warner Rd ste 109 Chandler AZ 85225  
Street Address City State Zip Code

4. Location of fair/festival: 3020 E Main St Mesa AZ 85206-85213  
Street Address City State Zip Code

5. Email address: info@downtimewines.com

6. Will this event be held on a permanently licensed premises and within the already approved location?  Yes  No

If yes, must attach letter from Agent/Owner verifying permission and event dates.

Must provide the permanent Liquor License/Special Event License at the event location: \_\_\_\_\_

**SECTION 2 Date & Hours: A total of 150 days per calendar year permitted.**

Days	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM
DAY 1:	<del>Dec 6, 2023</del>	<del>Monday</del>	<del>3:30pm</del>	<del>5:30pm</del> TS 10/24/23
DAY 2:	<del>Jan 8, 2024</del>	<del>Monday</del>	<del>3:30pm</del>	<del>5:30pm</del>
DAY 3:	<del>Feb 5, 2024</del>	<del>Monday</del>	<del>3:30pm</del>	<del>5:30pm</del> TS 10/24/23
DAY 4:	<del>Mar 4, 2024</del>	<del>Monday</del>	<del>3:30pm</del>	<del>5:30pm</del> TS 10/24/23
DAY 5:	_____	_____	_____	_____
DAY 6:	_____	_____	_____	_____

**AMENDMENT**



**SECTION 3**

1. List the number of days you have held a licensed Fair/Festival in the current calendar year 1

2. What security and control measures will you take to prevent violations of state liquor laws at this event?  
All employees have liquor certification - employee @ door to check for underage - wine store behind employees @ tasting table

Number of Police Officers on Site: 0 Fencing  Yes  No

Number of Security Personnel on Site: 0 Barriers  Yes  No

Additional Information: tasting is in community room of 55+ community-

completely enclosed -  
3. I have taken responsible steps to ensure individuals operating the fair/festival licensed premises and employees who serve, sell, or furnish liquor at this fair/festival have knowledge of Arizona liquor laws (R19-1-302)  Yes  No

**SECTION 4 Licensed premises diagram.**

The licensed premises for your fair/festival is the area you are authorized to sell, dispense or serve alcoholic beverages under the provisions of your license identified in Section 1, line #2 of this application. Please attach a diagram of your special event licensed premise. Please include dimensions of the premises, serving areas, fencing, barricades, or other control measures and security positions.



**SIGNATURE**

**Declaration:**  
I, (Print Name) Colleen Kaspar, 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.  
Colleen Kaspar  
Signature

The local governing body (city, town or municipality where the fair/festival will take place) may require additional applications to be completed and submitted. Please check with local government as to how far in advance they require these applications to be submitted. Additional licensing fees may also be required before approval may be granted.

**GOVERNING BOARD**

I, \_\_\_\_\_ recommend  APPROVAL  DISAPPROVAL  
(Government Official) (Title)  
on behalf of \_\_\_\_\_  
(City, Town, County) Signature Date Phone #

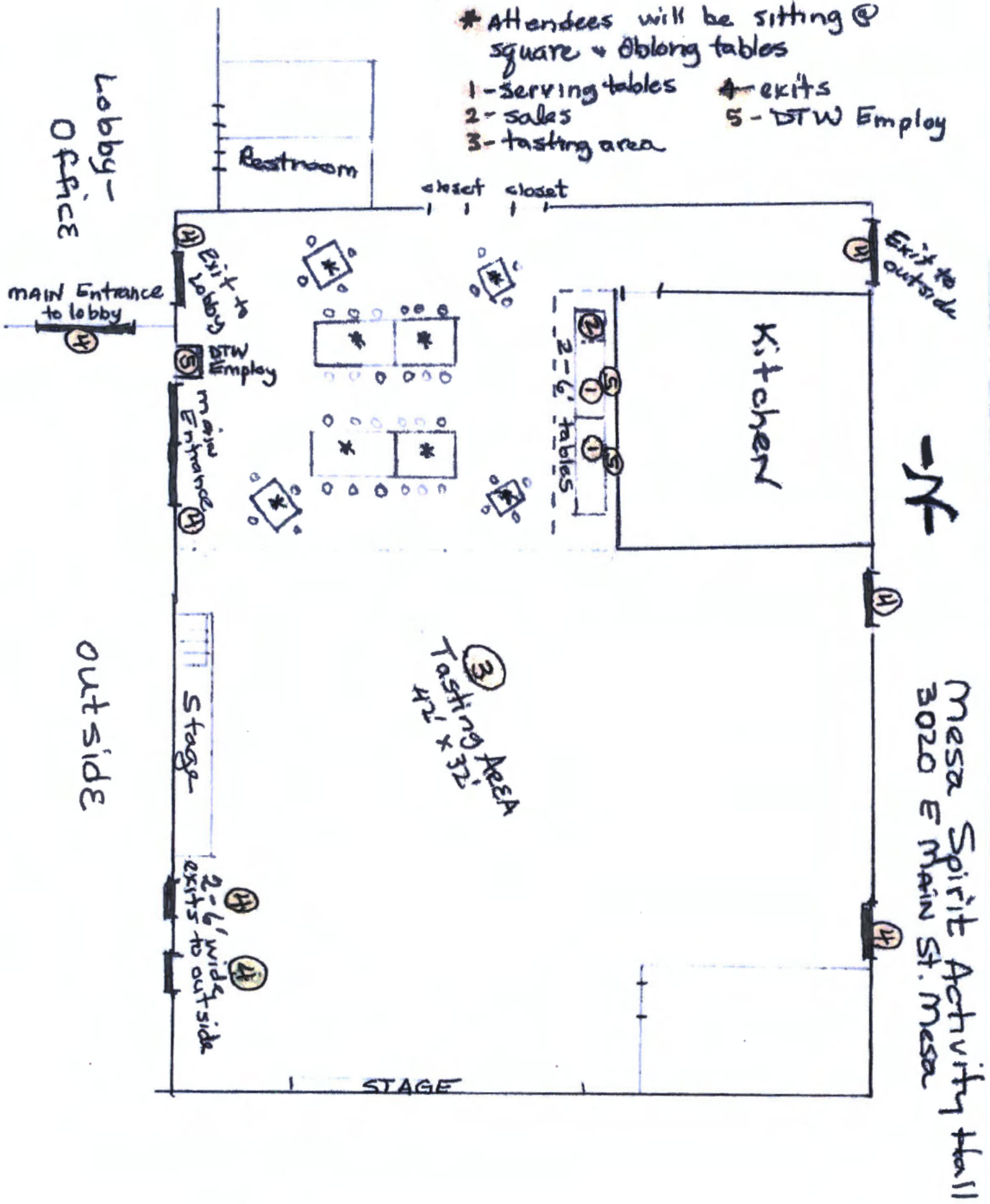
**DLLC USE ONLY**

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

\* Attendees will be sitting @ square & oblong tables

- 1 - serving tables
- 2 - sales
- 3 - tasting area

- 4 - exits
- 5 - DTW Employ



Lobby - Office - 3090

Restroom

closet closet

Exit to outside

MAIN Entrance to lobby

Exit to Lobby

DTW Employ

main Entrance

Kitchen

2-6' tables

-N-

Mesa Spirit Activity Hall  
3020 E Main St. Mesa

3 Tasting Area  
42' x 32'

Stage

outside

2-6' wide exits to outside

STAGE

**ENTITY INFORMATION**

Search Date and Time: 9/22/2023 3:22:31 PM

**Entity Details**

	<b>Entity Name:</b>
DOWN TIME WINES, INC.	
	<b>Entity ID:</b>
20748431	
	<b>Entity Type:</b>
Domestic For-Profit (Business) Corporation	
	<b>Entity Status:</b>
Active	
	<b>Formation Date:</b>
3/9/2016	
	<b>Reason for Status:</b>
In Good Standing	
	<b>Approval Date:</b>
3/24/2016	
	<b>Status Date:</b>
3/11/2022	
	<b>Original Incorporation Date:</b>
3/9/2016	
	<b>Life Period:</b>
Perpetual	
	<b>Business Type:</b>
Other - PRODUCTION AND SALES OF WINE	
	<b>Last Annual Report Filed:</b>
2023	
	<b>Domicile State:</b>
Arizona	
	<b>Annual Report Due Date:</b>
3/9/2024	



Original Publish Date:

**Statutory Agent Information**

**Name:**  
COLLEEN KASPAR

**Appointed Status:**  
Active 8/7/2023

**Attention:**

**Address:**  
393 WEST WARNER RD SUITE 109, CHANDLER, AZ 85225, USA

**Agent Last Updated:**  
8/7/2023

**E-mail:**

**Attention:**

**Mailing Address:**  
1647 E CHICAGO ST , CHANDLER, AZ 85225, USA

**County:**  
Maricopa

**Principal Information**

Title	Name	Attention	Address	Date of Taking Office	Last Updated
Director	BASIL KASPAR		1647 E CHICAGO STREET, CHANDLER, AZ, 85225, Maricopa County, USA	3/9/2016	2/25/2019
Director	COLLEEN KASPAR		1647 E CHICAGO STREET, CHANDLER, AZ, 85225, Maricopa County, USA	3/9/2016	2/25/2019
Shareholder	COLLEEN MARIE KASPAR		NOT REQUIRED, NOT REQUIRED, XXXX	12/31/9999	1/13/2018
Shareholder	BASIL MICHAEL KASPAR		NOT REQUIRED, NOT REQUIRED, XXXX	12/31/9999	1/13/2018

Title	Name	Attention	Address	Date of Taking Office	Last Updated
Officer	COLLEEN KASPAR		1647 E. CHICAGO STREET, CHANDLER, AZ, 85225, Maricopa County, USA	3/9/2016	2/25/2019

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Address 

Attention: Basil M Kaspar

Address: 1647 E CHICAGO STREET, CHANDLER, AZ, 85225, USA

County: Maricopa

Last Updated: 8/7/2023

Entity Principal Office Address

Attention:

Address:

County:

Last Updated:

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