

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



APR 16 2024
CITY OF MESA
LICENSING OFFICE

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 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. 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 ID checked at entrance -only 21 or older admitted. Celtic Cross to provide security. Exit posted 'No alcohol beyond this point'. Security stationed at exit.

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

HOUSE OF REFUGE, INC. 86-0662244
 Charity's or Organization's Name 501 (C)#
 KAYLA KOLAR PRESIDENT & CEO [REDACTED]
 Name of Contact at Charity/Organization Title with Organization Phone Number
 Hey Bartender!
 On-Site Agent Responsible for Liquor

How will attendees over the age of 21 be identified? ID checked at entrance. Only those 21 or older will be admitted.

What controls will be used to keep attendees under the age of 21 from obtaining alcohol at the event? No one under the age of 21 will be in attendance.

Will food be served? Yes No If yes, what type of food will be served Dinner buffet
 Seating capacity of designated area: # _____

*Anticipated Attendees: 100
TS*

* AMENDMENT

| |
|---------|
| CSR: |
| Amount: |

Date 4/16/24 Staff TS



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

DLLC USE ONLY

| |
|----------------|
| Job #: |
| Date Accepted: |
| CSR: |
| License #: |

Application **MUST** be submitted to the Department of Liquor 10 days prior to the event.

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.

- Applicant: KOLAR KAYLA
(Must be an Officer/Member of the Non Profit Entity) Last First Middle
- Applicant's mailing address: 6935 E WILLIAMS FIELD RD MESA AZ 85212
Street City State Zip
- Applicants home/cell phone: [REDACTED] Applicant's business phone: [REDACTED]
- Applicant's email address: KAYLA@HOUSEOFREFUGE.ORG
- Special Event Name: CASINO NIGHT
- Name of Non-Profit Organization, Candidate or Political Party/Gov.: HOUSE OF REFUGE, INC.*
- Non-Profit/IRS Tax Exempt Number: 86-0662244
- Arizona Corporation Commission File #: 02198521 If out of State please specify: _____
(Attach letter of good standing)
- Event Location Name: COULTER INFINITI AZ
- Event Address: 6225 E TEST DRIVE, MESA 85206

Dates and Hours of Event - Days must be consecutive and may not exceed 10 consecutive days.

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

| Days | Date | Day of Week | Event Start Time AM/PM | License End Time AM/PM |
|---------|------------------|-----------------|------------------------|------------------------|
| DAY 1: | <u>6/22/2024</u> | <u>Saturday</u> | <u>6:00 PM</u> | <u>9:30 PM</u> |
| DAY 2: | _____ | _____ | _____ | _____ |
| DAY 3: | _____ | _____ | _____ | _____ |
| DAY 4: | _____ | _____ | _____ | _____ |
| DAY 5: | _____ | _____ | _____ | _____ |
| DAY 6: | _____ | _____ | _____ | _____ |
| DAY 7: | _____ | _____ | _____ | _____ |
| DAY 8: | _____ | _____ | _____ | _____ |
| DAY 9: | _____ | _____ | _____ | _____ |
| DAY 10: | _____ | _____ | _____ | _____ |

AMENDMENT

Date 4/14/24 Staff JS

SECTION 2 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.)

Number of Police 1 Number of Security Personnel Fencing Barriers

* **Must** explain security measures: ID checked at entrance -only 21 or older admitted. Exit posted 'No alcohol beyond this point'. Security provided by Celtic Cross Security & will be stationed at exit.

SECTION 3 What is the purpose of this event?

On-site consumption Off-site (auction/wine/distilled spirits pull) Both

How is this special event going to conduct all dispensing, serving, and selling of spirituous liquors?
Check one of the following boxes. (R-19-318)

A) Special Event being held on an **unlicensed** premises will require approval and signature by the Local Governing Body on page 3. (If checked move to section 4)

B) Will this event be held on a currently licensed premises and within the already approved and licensed area?
(Must attach a letter from the licensed premises with an explanation of the option checked below)

Name of Business License Number Phone (include Area Code)

Place license in non-use - *Special Event Licensee selling all alcohol without retailer involvement*
Must attach letter from the location suspending license for duration of special event

Dispense and serve all spirituous liquors under retailer's license - *Business operates normally, minimum of 25% of gross revenue from alcohol sales is donated to licensee*

Dispense and serve all spirituous liquors under special event - *The special event licensee is in charge of selling alcohol that was purchased or donated by the special event licensee. The retailers existing alcohol inventory must be separated from any alcohol used during the special event. Must attach letter from the location suspending license for duration of special event*

Split premise between special event and retail location - *Both the special event licensee and the retailer will conduct sales of alcohol. (These sales will be done in separate areas. If alcohol is donated or purchased by the special event licensee it must be in a separate area than the alcohol that is dispensed by the licensed retailer.)*

Off Sale only - **Wine/Distilled Spirits Pull, Live or Silent Auctions** - *Retailer will still be permitted to conduct all normal sale and service of alcohol.*

SECTION 4

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 letter of explanation.

2. How many special event days have been issued to this organization during the calendar year? 1

3. Is the Organization using the services of a Special Event Contractor? (A licensee can utilize the services of a special event contractor who may purchase and sell alcohol on behalf of the licensee. If no special event contractor is listed, the licensee is responsible for the sales and service of alcohol.)

Yes No If yes, please provide the Name of the Special Event Contractor: Hey Bartender!

4. Is the organization using the services of a series 6, 7, 11, or 12 licensee to manage the sale or service of alcohol? (Licensees who hold a series 6, 7, 11, or 12 license are automatically qualified to be the special event contractor)

Yes No if yes, please provide the Name of Licensee: _____ License #: _____

5. List the name of the Individual or Organization that will receive revenues, **MUST EQUAL 100 PERCENT.**

Attach additional sheet if necessary.

Name: House of Refuge, Inc. Percentage: 100%
 Address: 6935 E Williaimd Field Rd Mesa AZ
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 5 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 governing body before submitting to the Department of Liquor Licenses and Control. *Please contact the local governing board for additional information.*

APPLICANT SIGNATURE

Declaration:
 I, (Print Name) KAYLA KOLAR, 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.

 Signature

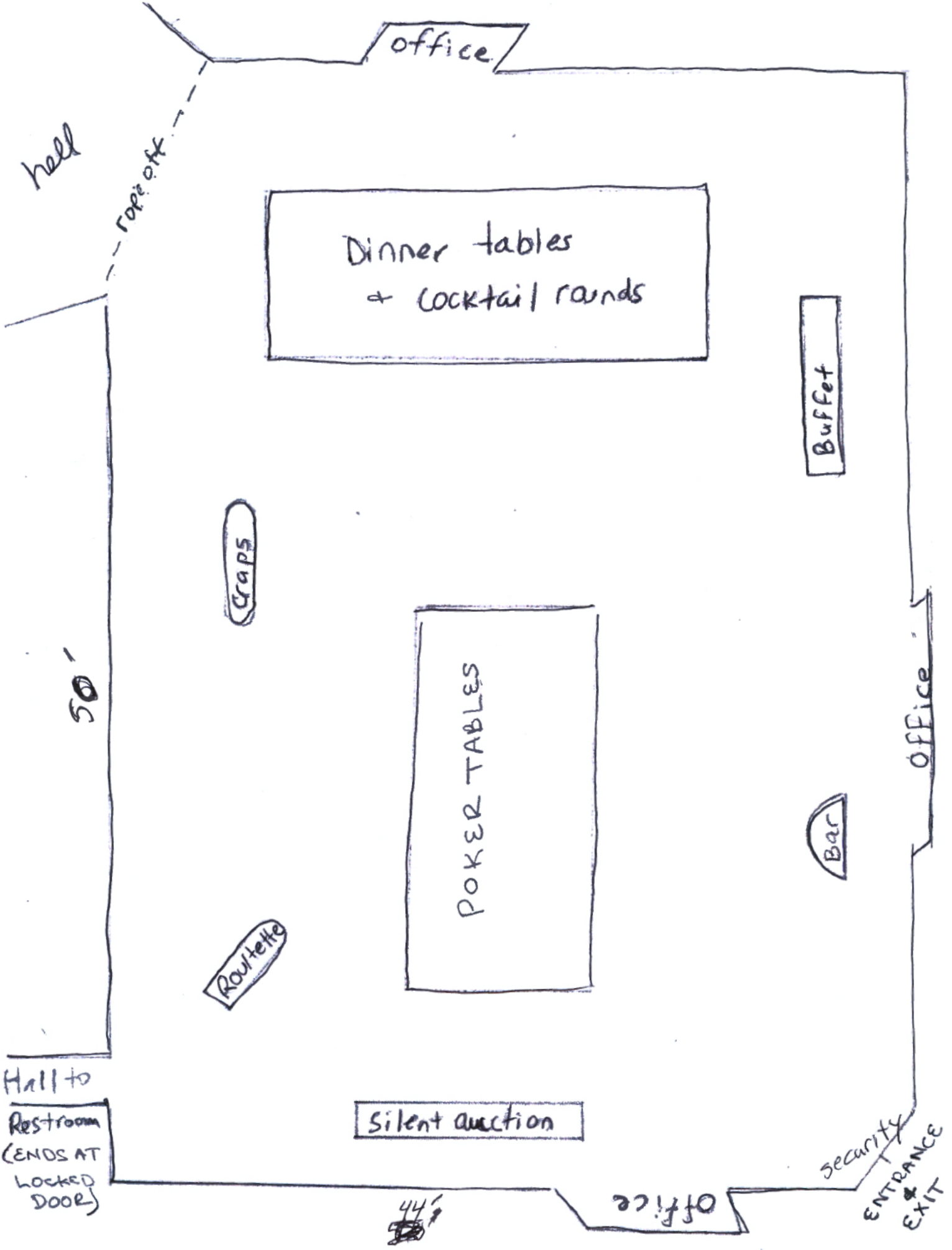
LOCAL GOVERNING BODY

Date Received: _____
 I, _____ recommend APPROVAL DISAPPROVAL
(Government Official) (Title)
 On behalf of _____, _____, _____, _____
(City, Town, County) Signature Date Phone

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.

AZDLLC USE ONLY

APPROVAL DISAPPROVAL BY: _____ DATE: _____



hall

ropie off

office

Dinner tables
+ cocktail rounds

Buffet

Craps

POKER TABLES

Roulette

Bar

50'

silent auction


office

Office


security
ENTRANCE
&
EXIT

Hall to
Restroom
(ENDS AT
LOCKED
DOOR)

44/45

 **IRS** Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248364843
Oct. 10, 2012 LTR 4168C E0
86-0662244 000000 00
00014183
BODC: TE


HOUSE OF REFUGE INC
X HOUSE OF REFUGE EAST
6935 E WILLIAMS FIELD RD
MESA AZ 85212-6300

000021

Employer Identification Number: 86-0662244
Person to Contact: Ms. Osborne
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Sep. 28, 2012, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in January 1991.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248364843
Oct. 10, 2012 LTR 416BC EO.
86-0662244 000000 00
00014184

HOUSE OF REFUGE INC
X HOUSE OF REFUGE EAST
6935 E WILLIAMS FIELD RD
MESA AZ 85212-6300

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,



Richard McKee, Department Manager
Accounts Management Operations

ENTITY INFORMATION

Search Date and Time: 4/10/2024 2:22:14 PM

Entity Details

| | |
|---|------------------------------|
| HOUSE OF REFUGE, INC. | Entity Name: |
| 02198521 | Entity ID: |
| Domestic Nonprofit Corporation | Entity Type: |
| Active | Entity Status: |
| 12/20/1989 | Formation Date: |
| In Good Standing | Reason for Status: |
| 12/26/1989 | Approval Date: |
| 12/20/1989 | Status Date: |
| Perpetual | Original Incorporation Date: |
| Other - Other - Charitable Non-Profit Corporation | Life Period: |
| 2024 | Business Type: |
| Arizona | Last Annual Report Filed: |
| 1/20/2025 | Domicile State: |
| | Annual Report Due Date: |
| | Years Due: |

2/21/1990

Statutory Agent Information

Name:

Deanna Rader

Appointed Status:

Active 4/21/2021

Attention:

Address:

Rader Mayrose LLP, 812 N. Second Ave., PHOENIX, AZ 85003, USA

Agent Last Updated:

1/17/2024

E-mail:

Attention:

Mailing Address:

County:

Maricopa

Principal Information

| Title | Name | Attention | Address | Date of Taking Office | Last Updated |
|------------------------------------|-------------------|-----------|--|-----------------------|--------------|
| Chairman of the Board of Directors | MEGAN RUFFENTINE | | 6935 E. WILLIAMS FIELD ROAD, MESA, AZ, 85212, Maricopa County, USA | 1/1/2020 | 1/17/2024 |
| Director | BARBARA GUY | | 6935 E WILLIAMS FIELD RD, MESA, AZ, 85212, Maricopa County, USA | 1/1/2021 | 1/17/2024 |
| CEO (Chief Executive Officer) | Kayla Kolar | | 6935 E Williams Field Rd, MESA, AZ, 85212, Maricopa County, USA | 1/1/2021 | 1/19/2022 |
| Director | MARTY TOMLJENOVIC | | 6935 E Williams Field Rd, Mesa, AZ, 85212, Maricopa County, USA | 5/19/2021 | 1/19/2022 |

| Title | Name | Attention | Address | Date of Taking Office | Last Updated |
|----------|---------------|-----------|---|-----------------------|--------------|
| Director | AUDREY ALFANO | | 6935 E Williams Field Rd, Mesa, AZ, 85212, Maricopa County, USA | 5/19/2021 | 1/19/2022 |

Address 

Attention: Kayla Kolar

Address: 6935 E WILLIAMS FIELD RD, MESA, AZ, 85212, USA

County: Maricopa

Last Updated: 1/17/2024

Entity Principal Office Address

Attention:

Address:

County:

Last Updated:

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