

LI PAD #5

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 Designated Members will handle parking. Ramp area is monitored. Guest do not leave building where event is until they leave the event.
If applying for a Special Event Liquor License the following must be provided:

<u>Commemorative Air Force</u>	<u>74-1484491</u>
Charity's or Organization's Name	501 (C)#
<u>Travis Major</u>	<u>Airbase Leader</u>
Name of Contact at Charity/Organization	Title with Organization
<u>Hensley + Company will furnish beer, on-site agent responsible for liquor</u>	<u>74-1484491</u>
On-Site Agent Responsible for Liquor	Phone Number

How will attendees over the age of 21 be identified? Carded by bartenders, anyone volunteering being carded upon entry will receive a wrist-band put on thier arm

What controls will be used to keep attendees under the age of 21 from obtaining alcohol at the event? wrist bands and carding by bartenders

Will food be served? Yes No If yes, what type of food will be served chicken, fish, ice cream
Seating capacity of designated area: # 1440



Arizona Department Liquor License and Control
 800 W Washington St. 5th Floor
 Phoenix, AZ 85007-2934
azliquor.gov

602-542-5141

SPECIAL EVENT LICENSE APPLICATION
FEE \$25.00 PER DAY

DLLC USE ONLY

Job #:
Date Accepted:
CSR:
License #:



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.

- Applicant: Travis Major
- Applicant's mailing address: 2017 N. Greenfield Rd. Mesa AZ 85215
Street City State Zip
- Applicants home/cell phone: _____ Applicant's business phone: [REDACTED]
- Applicant's email address: AirbaseLeader@AZcaf.org

SECTION 2 Name of Non-Profit Organization, Candidate or Political Party/Gov.: Commemorative Air Force

SECTION 3 Non-Profit/IRS Tax Exempt Number: 74-1484491

SECTION 4 Event Location: 2017 N. Greenfield Rd, Mesa, AZ 85215

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:	<u>Dec. 4, 2021</u>	<u>Saturday</u>	<u>5:00 PM</u>	<u>11:00 PM</u>
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.)

Number of Police 35 Number of Security Personnel Fencing Barriers

Explanation: Designated volunteers will handle parking. Ramp area will be monitored. Guest will not leave building where event will be, until they leave the event. Ramp is sectioned off and event will be inside museum facility

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? one

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%**.

Name: Commemorative Air Force Percentage: 100%

Address: 2017 N. Greenfield Rd, Mesa AZ 85215
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.

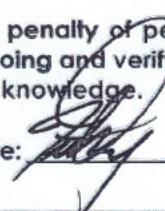
SECTION 11 License premises diagram. The licensed premises for your special event is the area in which you are authorized to sell, dispense or serve alcoholic beverages under the provisions of your license. Please attach a diagram of your special event licensed premises. Please show dimensions, serving 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) Travis Major 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: 

GOVERNING BOARD

Date Received: _____

I, _____ recommend APPROVAL DISAPPROVAL
(Government Official) (Title)

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

DLLC USE ONLY

APPROVAL DISAPPROVAL BY: _____ DATE: _____

A.R.S. § 41-1030. Invalidation 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.



CAF 2021 Airbase Arizona 40's Dance – Area Map



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Map Reference Numbers:

- 1** – Museum (West) Hangar: Location of Dance *alcohol service area*
- 2** – Aircraft Ramp: 8' Fence on East Side, Dirt Berm on North Side, 4' Security fencing on West Side across the Taxi way. Airbase has CAF Volunteers for security to ensure no one walks east up the taxiway
- 3** – Maintenance (East) Hangar: Off-Limits for Dance
- 4** – Additional Parking: Lighted Parking Area with Shuttles to Museum. No one walks to or from Parking Area 4

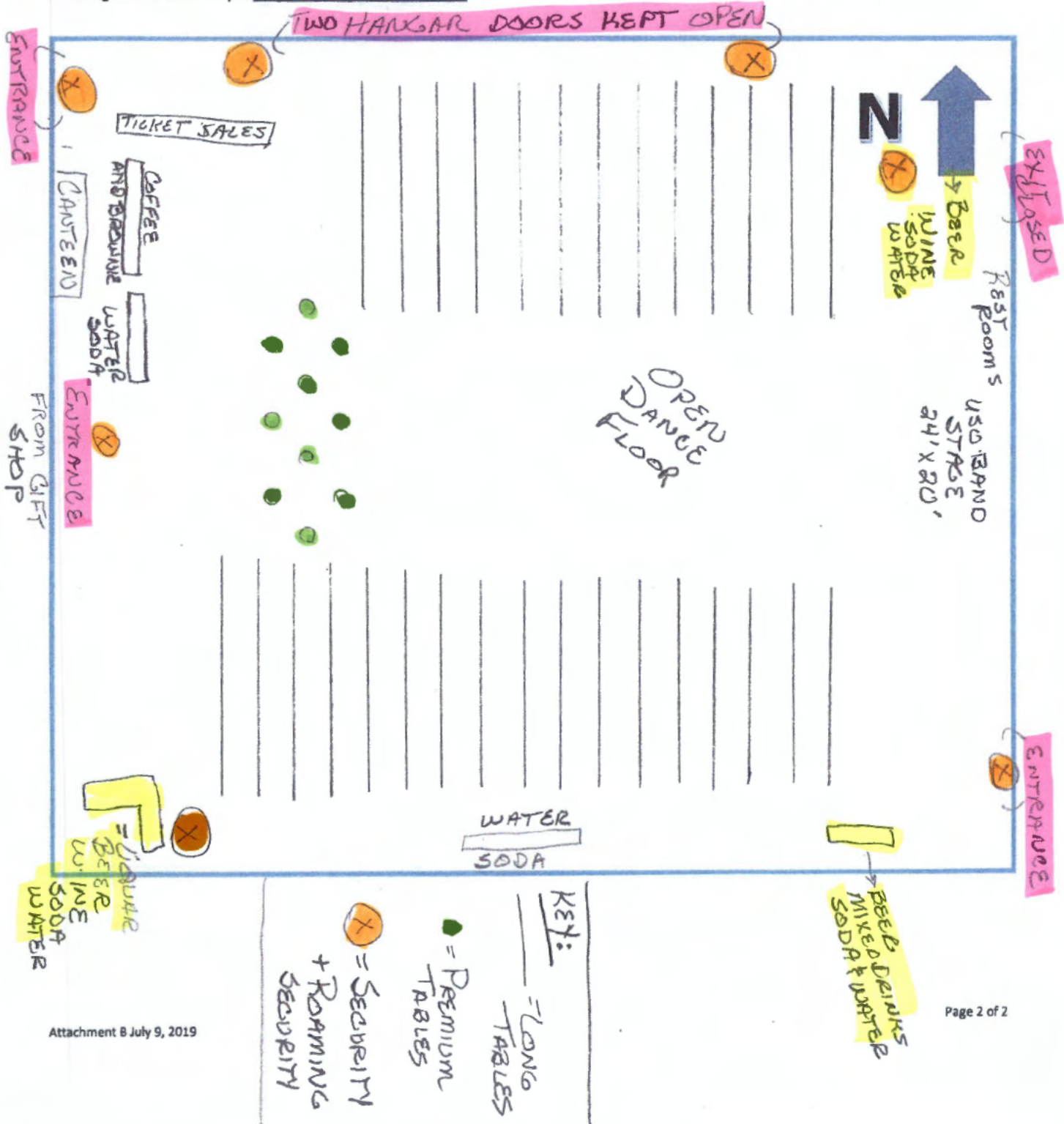


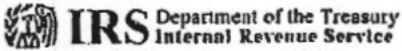
SPECIAL EVENT PREMISES DIAGRAM

This diagram MUST be submitted with Attachment B

Required information: Dimensions, serving areas, enclosure/barrier type and height (labeled), and security positions. Indicate the nearest cross streets, highway or road, if the location does not have an address. **Providing all the required information will ensure prompt application processing.** The same diagram can be submitted with both the City and State application.

A "bird's eye view" may replace the Special Event Premises Diagram. Please include all the above-required information. Visit the following link for an example <http://goo.gl/maps/J78rb>





Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248164828
Sep. 25, 2015 LTR 4167C 0
74-1484491 000000 00
00024664
BODC: TE

COMMEMORATIVE AIR FORCE
% FLOYD HOUDYSHELL
PO BOX 764769
DALLAS TX 75376

002456

Employer Identification Number: 74-1484491
Group Exemption Number:
Person to Contact: Tonya Morris
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Sep. 16, 2015, request for information about your tax-exempt status.

Our records indicate that you were issued a determination letter in April 2009, and that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Based on the information supplied, we recognized the subordinates named on the list you submitted as exempt from Federal income tax under section 501(c)(3) of the Code.

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.

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

Sincerely yours,

Doris Kenwright, Operation Mgr.
Accounts Management Operations 1