

# 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 event is indoor/outdoor

drinking only permitted in barricaded event space, liquid caterers/couple bartenders have been hired and all individuals will be provided a wrist band once ID's checked

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

Bowyer Battle 82-4768086  
 Charity's or Organization's Name 501 (C)#  
 Kylie Bowyer Founder/CEO  
 Name of Contact at Charity/Organization Title with Organization Phone Number  
 Liquid Caterers/ Couple of Bartenders - Tap Truck AZ  
 On-Site Agent Responsible for Liquor

How will attendees over the age of 21 be identified? ID's will be properly checked and guests will receive a wrist band once age is verified

What controls will be used to keep attendees under the age of 21 from obtaining alcohol at the event? \_\_\_\_\_  
wrist bands have been used at all previous events and work great, leaving 21+ easily identifiable

Will food be served? Yes ☒ No ☐ If yes, what type of food will be served multiple food trucks  
 Seating capacity of designated area: # \_\_\_\_\_

*\* Anticipated # of people = 400  
TS*

CSR:
Amount:



**RECEIVED**  
 JAN 08 2024  
 CITY OF MESA  
 LICENSING OFFICE

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

Arizona Department of Liquor Licenses and Control  
 800 W. Washington St. 5<sup>th</sup> 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.

**Bowyer, Kylie**

- Applicant: \_\_\_\_\_  
(Must be an Officer/Member of the Non Profit Entity) Last First Middle
- Applicant's mailing address: **2714 E Rawhide St Gilbert Az 85296**  
City State Zip
- Applicants home/cell phone: \_\_\_\_\_ Applicant's business phone: **same**
- Applicant's email address: **kylie@thebowyerbattle.org**
- Special Event Name: **Party for the Cause**
- Name of Non-Profit Organization, Candidate or Political Party/Gov.: **Bowyer Battle**
- Non-Profit/IRS Tax Exempt Number: **82-4768086**
- Arizona Corporation Commission File #: **1917778** If out of State please specify: \_\_\_\_\_  
(Attach letter of good standing)
- Event Location Name: **Cadence Community Center**
- Event Address: **9760 E Cadence Pkwy Mesa AZ 85212**

**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:	03/02/2024	Saturday	10am	4pm
DAY 2:				
DAY 3:				
DAY 4:				
DAY 5:				
DAY 6:				
DAY 7:				
DAY 8:				
DAY 9:				
DAY10:				



**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 <sup>4</sup> \_\_\_\_\_ Number of Security Personnel ☐ Fencing ☒ Barriers

event is located in an indoor/outdoor area with barriers placed around the border of the outdoor area.

**Must** explain security measures:

barriers & security personnel will ensure all alcohol is kept within the proper area. *ID's will be properly checked and*

guests will receive wristband once age is verified. → 5/16/24

**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? 0
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: Liquid Caterers - Couple of Bartenders (Tap Truck)
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: Bowyer Battle Percentage: 100%  
Address: 2714 E Rawhide St Gilbert AZ 85296  
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) Kylie Bowyer, 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: \_\_\_\_\_

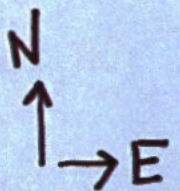


\* BARRICADES are just under 4ft. tall. ALSO listed as CROWD CONTROL BARRIERS \*

\* White building inside barriers IS part of our space.

3 double doors entering & exiting building. \*

\* Space is SURROUNDED by parking spaces & neighborhood streets making it easy for fire to access the event space in case of emergency



--- BARRICADED Event Space

== 2 food TRUCKS

★ BAR

\* SERVED, STORED, CONSUMED and contained inside BARRICADED area only

XXX Kids fun - bounce house, face painter & games

⚡ security personnel - Roaming event space, if needed.

Field of Play -  
CORNHOLE tournament



INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

DEC 12 2018

BOWYE BATTLE  
2714 E RAWHIDE ST  
GILBERT, AZ 85296-0000

Employer Identification Number:  
82-4768086  
DLN:  
26053727005018  
Contact Person:  
CUSTOMER SERVICE ID# 31954  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
509(a)(2)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
November 7, 2018  
Contribution Deductibility:  
Yes  
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 public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). 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-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947



BOWYE BATTLE

Sincerely,

*Stephen A. Martin*

Director, Exempt Organizations  
Rulings and Agreements

**ENTITY INFORMATION**

Search Date and Time: 1/10/2024 8:01:33 PM

**Entity Details**

BOWYER BATTLE

1917778

Domestic Nonprofit Corporation

Active

11/7/2018

In Good Standing

11/19/2018

8/16/2021

11/7/2018

Perpetual

NON-PROFIT

2022

Arizona

11/7/2023

2023

Entity Name:

Entity ID:

Entity Type:

Entity Status:

Formation Date:

Reason for Status:

Approval Date:

Status Date:

Original Incorporation Date:

Life Period:

Business Type:

Last Annual Report Filed:

Domicile State:

Annual Report Due Date:

Years Due:

Original Publish Date:

**Statutory Agent Information**

RICHARD RYAN STAUFFER

Active 11/19/2018

2500 S. POWER ROAD STE. 113 , MESA, AZ 85209, USA

11/29/2022

Name:

Appointed Status:

Attention:

Address:

Agent Last Updated:

E-mail:

Attention:

Mailing Address:

County:

Maricopa

**Principal Information**

Title	Name	Attention	Address	Date of Taking Office	Last Updated
Officer	KYLIE BOWYER		2714 E. RAWHIDE STREET, GILBERT, AZ, 85296, Maricopa County, USA	11/7/2018	11/12/2019
Director	MORGAN UNGA		1575 E PRINCETON AVE, GILBERT, AZ, 85234, Maricopa County, USA	11/7/2018	11/12/2019

Page 1 of 1, records 1 to 2 of 2

**Address****Attention:**

Address: 2714 E. RAWHIDE STREET, GILBERT, AZ, 85296, USA

County: Maricopa

Last Updated: 11/7/2019