Special Event Liquor License Application Attachment B

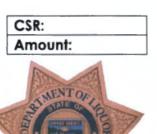
Licensing Office
55 North Center Street
Mailing Address:
PO Box 1466
Mesa, Arizona 85211-1466

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 E or an Extension of Premises from the City of Mesa Licensing Office. This must be submit prior to the event. A license is required with special provisions outlined. Plan a minim complete this process. Check all that apply:	tted at least 60 days
Free/Host Alcohol Beer Alcohol Sales Beer and Wine Host and Sale Alcohol Beer, Wine and Distilled Spirit	ts
Do you plan to secure a:	
Special Event Liquor License - The Special Event Liquor License fee is \$25 and must be appropriately Council. After city approval, your application must be submitted to, and approved by, the State of fees involved at the State. This license can only be obtained by a non-profit organization, 501(C). of Arizona Special Event Liquor Application and site plan and submit it with this Attachment B.)	Arizona. There are
Extension of Premises License - There is no fee involved with the Extension of Premises. T liquor license is already in effect and you want to extend the area where liquor is sold. (Complete	
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 area? No \(\subseteq Yes \subseteq Type of activities taking place: \(\subseteq Type of activities taking place is \)	liquor in the extended
Please describe your security plan to ensure the safe sale or distribution of alcohol at your event in the ensure the safe sale or distribution of alcohol at your event in the ensure the safe sale or distribution of alcohol at your event in the ensure the safe sale or distribution of alcohol at your event in the ensure that the ensure the safe sale or distribution of alcohol at your event in the ensure that the	ted wristbounds exit making sw
Rockstar Rescue 45-327	2239
Charity's or Organization's Name Jamie Benfield Founder	
Name of Contact at Charity/Organization Pour Masters Steph Klebart On-Site Agent Responsible for Liquor	hone Number
How will attendees over the age of 21 be identified? To our knowledge, there	wont be
anyone under 21 attending these events. The barte	inders have a
duty to check ID's for anyone who appears to be und	er 40.
What controls will be used to keep attendees under the age of 21 from obtaining alcohol at the eve	nt? Bartenders
will be checking iD's, and red wristbands for anyone	
Will food be served? Yes No If yes, what type of food will be served Hors d'oeu: Seating capacity of designated area: #_350	





RIZONA

(Must be an Officer/Member of the Non Profit Entity) Last

1. Applicant:

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 ON				
Job #:				
Date Accepted:				
CSR:				
License #:				

<u>SECTION 1</u> 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.

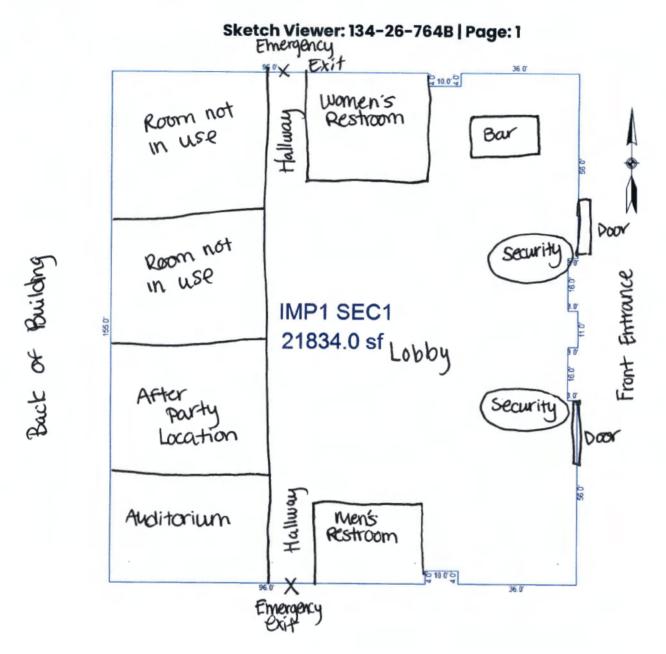
Application MUST be submitted to the Department of Liquor 10 days prior to the event.

Applicant's mailin	g address: <u>530</u>	E. Mcdawell Rd	#107-269, P	hoenix AZ 85004
3. Applicants home/	cell phone:	Applic	ant's business phone: _	
4. Applicant's email	address: <u>INFO</u>	Rockstarrescu	ue.org	
5. Special Event Nan	NA al casa	Celebration		
6. Name of Non-Profi	t Organization, Candida	te or Political Party/Gov.:	Rockstar R	escue
7. Non-Profit/IRS Tax E	exempt Number: 45	- 3272239		
8. Arizona Corpord		#: <u>17060823</u> If o	ut of State please spe	OCITY:(Attach letter of good standing)
10. Event Address: 1	211		Arizona 8	5207
		must be consecutive ar		consecutive days.
	SEPARATE APPLI	CATION FOR EACH "	NON-CONSECUTIVE	"DAY
Days	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM
DAY 1:	10/14/23	Saturday	5:00 PM	12:00 AM
DAY 2:	,	<i></i>		
DAY 3:				
DAY 4:				
DAY 5:				
DAY 6:				
DAY 7:				
DAY 8:				
DAY 9:				
DAY10:				

	at type of secu								ws at this event?
	_Number of Po	lice	2	Nur	nber of Se	curity Perso	nnel [Fencing	X Barriers
Must explain sec	curity measures:	We v	vill 1	rave	volun	teers a	at the	doors	making su
no one te									
SECTION 3 Who	at is the purpose	of this ev	vent?						
⊠On-site consu	mption		Off-site (auction/v	vine/distille	d spirits pul	1)	□во	oth
How is this special Check one of the				ensing, se	erving, and	selling of sp	pirituous lique	ors?	
A) 🔼 Special Eve Body on p	ent being held o age 3. (If check				will require	approval a	nd signature	e by the Loc	al Governing
B) Will this eve (Must attac	ent be held on a ch a letter from								
	Name of	Business				License Numb	er	Phone (Inc	clude Area Code)
Place license i	n non-use - Spec tter from the loc			_				t	
Dispense and revenue from a	serve all spirituo alcohol sales is do			tailer's lic	ense – Busir	ness operate	es normally, r	minimum of 2	9.5% of gross
purchased or d		pecial eve	ent license	e. The ret	ailers existin	g alcohol in	ventory mus	t be separate	ing alcohol that we ed from any alcoh cial event
	etween special . (These sales will eparate area tha	be done	in separa	te areas.	If alcohol is	donated or	purchased b		
Off Sale only - service of alcoh		oirits Pull,	Live or Si	lent Auct	ions – Retai	iler will still be	e permitted t	o conduct a	ll normal sale and
SECTION 4									
1. Has the applic	cant been conv	ricted of	a felony,	or had o	a liquor lice	ense revoke	d within the	e last five (5)	years?
Yes 🔀 No If	yes, attach lette	er of explo	anation.						
2. How many spe	ecial event day	s have b	een issue	ed to this	organizatio	on during th	ne calenda	r year?(0
contractor who	ation using the may purchase he sales and sen	and sell a	lcohol on	cial Even behalf of	t Contract the license	or? (A licen ee. If no spe	see can utiliz cial event c	e the service ontractor is li	es of a special ever isted, the licensee
Yes No If	yes, please pro	vide the N	Name of	the Spe	cial Event	Contracto	Pour	Master	\$
4. Is the organiza (Licensees who	ation using the s to hold a series a	ervices o 5, 7, 11, o	f a series r 12 licen	6, 7, 11, se are au	or 12 licens utomatical	see to man ly qualified	age the sal to be the s	e or service pecial ever	of alcohol? nt contractor)
Yes No if	yes, please pro	vide the	Name of	License	ə:		Licen	se #:	
5. List the name	of the Individuo	l or Orga	nization	that will r	eceive rev	enues, MU	ST EQUAL 10	0 PERCENT.	
			Allmak		- 1				

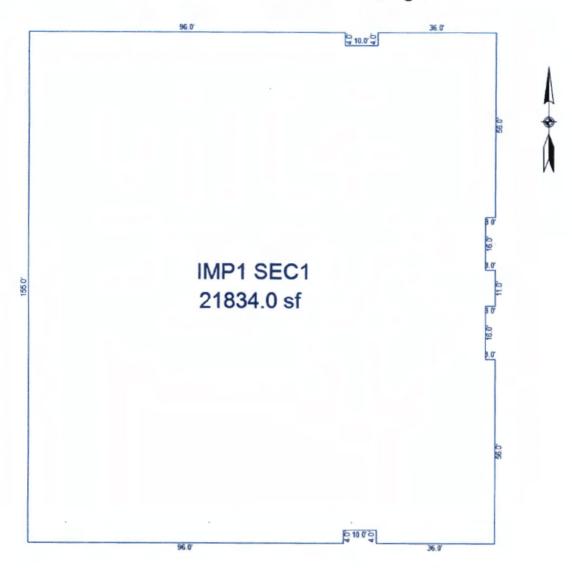
2/6/2023

Name: Pour Masters Bar S	ervice	Percentage: _	75°10
Address: 1605 W. Parkside II	n #2, Phoe	nix AZ	85027
Name: Rockstar Rescure	City	State Percentage:	25°10 ZIP
Address: 530 E. McDauell Rd#1	07-269, Pho	venix AZ	85004
Please read A.R.S. § 4-203.02 Special event		A SECOND DESCRIPTION OF THE PARTY OF THE PAR	Name and the state of the state
NO ALCOHOLIC BEVERAGES SHALL LEAVE A SPI SEALED CONTAINERS OR THE SPECIAL EVEN			
SECTION 5 License premises diagram. The liauthorized to sell, dispense or serve alcoholic bof your special event licensed premises. Please measures and security position.	everages under the	provisions of your lic	cense. Please attach a diagram
ATTAC	CH DIA	GRAM	
If the special event will be held at a location withou that is not covered by the existing liquor license, thi to the Department of Liquor Licenses and Control. APPLICANT SIGNATURE	is application must be	approved by the local	al governing body before submitting
Declaration: I, (Print Name) Jame Benfield authorized to submit this application. I have rebelieve all statements made on this application.	read the contents of	this application, and echand complete	enalty of perjury that I am d to the best of my knowledge
LOCAL GOVERNING BODY			
Date Received:	(Tille)	recommend [Japproval 🗖 disapproval
On behalf of(City, Town, County)			
(City, Town, County)	Signature	Dat	e Phone
The local governing body (city, town or municapplications to be completed and submitted. Plethese applications to be submitted. Additional lical lical USE ONLY	ease check with loca	government as to h	ow far in advance they require
□APPROVAL □ DISAPPROVAL BY:		DAT	E:





Sketch Viewer: 134-26-764B | Page: 1



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

Date: MAY 3 1 2013

ROCKSTAR RESCUE C/O JAMIE HARPER 530 E MCDOWELL #107-492 PHOENIX, AZ 85004



Employer Identification Number:

45-3272239

DLN:

17053191332012

Contact Person:

JACOB A MCDONALD

ID# 31649

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

170 (b) (1) (A) (vi)

Form 990 Required:

Yes

Effective Date of Exemption:

September 7, 2011

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

ENTITY INFORMATION

Search Date and Time: 8/23/2023 3:59:33 PM

Entity Details

Entity Name:

ROCKSTAR RESCUE

Entity ID:

17060823

Entity Type:

Domestic Nonprofit Corporation

Entity Status:

Active

Formation Date:

9/7/2011

Reason for Status:

In Good Standing

Approval Date:

9/8/2011

Status Date:

4/22/2021

Original Incorporation Date:

9/7/2011

Life Period:

Perpetual

Business Type:

Other - ANIMAL HUSBANDRY

Last Annual Report Filed:

2023

Domicile State:

Arizona

Annual Report Due Date:

9/7/2024

Privacy Policy (http://azcc.gov/privacy-policy) I Contact Us (http://azcc.gov/corporations/corporation-contacts)

Original Publish Date:

11/9/2011

Statutory Agent Information

Name:

UNITED STATES CORPORATION AGEN

Appointed Status:

Active

Attention:

Address:

1830 E BROADWAY BLVD STE , TUCSON, AZ 85719, USA

Agent Last Updated:

8/8/2023

E-mail:

Attention:

Mailing Address:

County:

Pima

Principal Information

Title	Name	Attention	Address	Date of Taking Office	Last Updated
CEO (Chief Executive Officer)	Jamie Benfield		530 E. MCDOWELL RD. #107- 269, PHOENIX, AZ, 85004, Maricopa County, USA	8/15/2010	5/26/2020
Director	Jamie Benfield		530 E. MCDOWELL RD. #107- 269, PHOENIX, AZ, 85004, Maricopa County, USA	8/15/2010	5/26/2020

Page 1 of 1, records 1 to 2 of 2



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Address: 530 E. MCDOWELL RD. #107-269, PHOENIX, AZ, 85004, USA

County: Maricopa

Last Updated: 8/8/2023

Entity Principal Office Address

Attention:

Address:

County:

Last Updated:

Return to Results

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Microfilm History