

# 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 security will

check for their ID's in the front door, 3 volunteer staff members  
 If applying for a Special Event Liquor License the following must be provided: to provide roaming security ID check to verify patrons are of legal age to drink.

Hermanidad del Señor de los Milagros (Mesa, AZ.) 501 (C)# 3  
 Charity's or Organization's Name  
Sofia Elizabeth Vasquez Diaz Director  
 Name of Contact at Charity/Organization Title with Organization Phone Number  
Sofia Elizabeth Vasquez Diaz  
 On-Site Agent Responsible for Liquor

How will attendees over the age of 21 be identified? security will check for their ID's in the front before entering

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

Will food be served? Yes  No  If yes, what type of food will be served Mexican and Peruvian snack.  
 Seating capacity of designated area: # 60

Received

SEP 05 2024

CITY OF MESA  
LICENSING OFFICE

CSR:
Amount:



**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

DLIC 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: Vasquez Diaz Sofia Elizabeth  
(Must be an Officer/Member of the Non Profit Entity) Last First Middle
- Applicant's mailing address: 1412 S. Portland Ave Gilbert AZ 85296  
Street City State Zip
- Applicants home/cell phone: [REDACTED] Applicant's business phone: [REDACTED]
- Applicant's email address: Charles saenz1015@gmail.com / SofiaLima53@outlook.com
- Special Event Name: Halloween dance party
- Name of Non-Profit Organization, Candidate or Political Party/Gov.: Hermandad del Señor de los Milagros (Mesa, AZ)
- Non-Profit/IRS Tax Exempt Number: 47-4183062
- Arizona Corporation Commission File #: 19777454 If out of State please specify: \_\_\_\_\_  
(Attach letter of good standing)
- Event Location Name: Taco Land Inca Mex suite 101
- Event Address: 1231 W. Baseline Rd Mesa AZ 85202

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>11-2-2024</u>	<u>Saturday</u>	<u>8 pm</u>	<u>1:30 am.</u>
DAY 2:	_____	_____	_____	_____
DAY 3:	_____	_____	_____	_____
DAY 4:	_____	_____	_____	_____
DAY 5:	_____	_____	_____	_____
DAY 6:	_____	_____	_____	_____
DAY 7:	_____	_____	_____	_____
DAY 8:	_____	_____	_____	_____
DAY 9:	_____	_____	_____	_____
DAY 10:	_____	_____	_____	_____



**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.)

0 Number of Police 4 Number of Security Personnel  Fencing  Barriers

**Must** explain security measures: one hired security contractor to check ID's in the front door, 3 <sup>NON-PROFIT</sup> staff members to provide roaming security ID check to verify people are of legal drinking age. 21 + only event.

**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)
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- 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: \_\_\_\_\_
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: Hermanidad del Señor de los Milagros <sup>(Mesa, AZ.)</sup> Percentage: 25 %  
 Address: 1412 S. Portland Ave Gilbert AZ 85296  
Street City State Zip

Name: Charles Saenz Tarcand Ina Ma Percentage: 75 %  
 Address: 1931 W. Baseline Rd Mesa AZ 85202  
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) Sofia Elizabeth Vasquez Diaz 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**

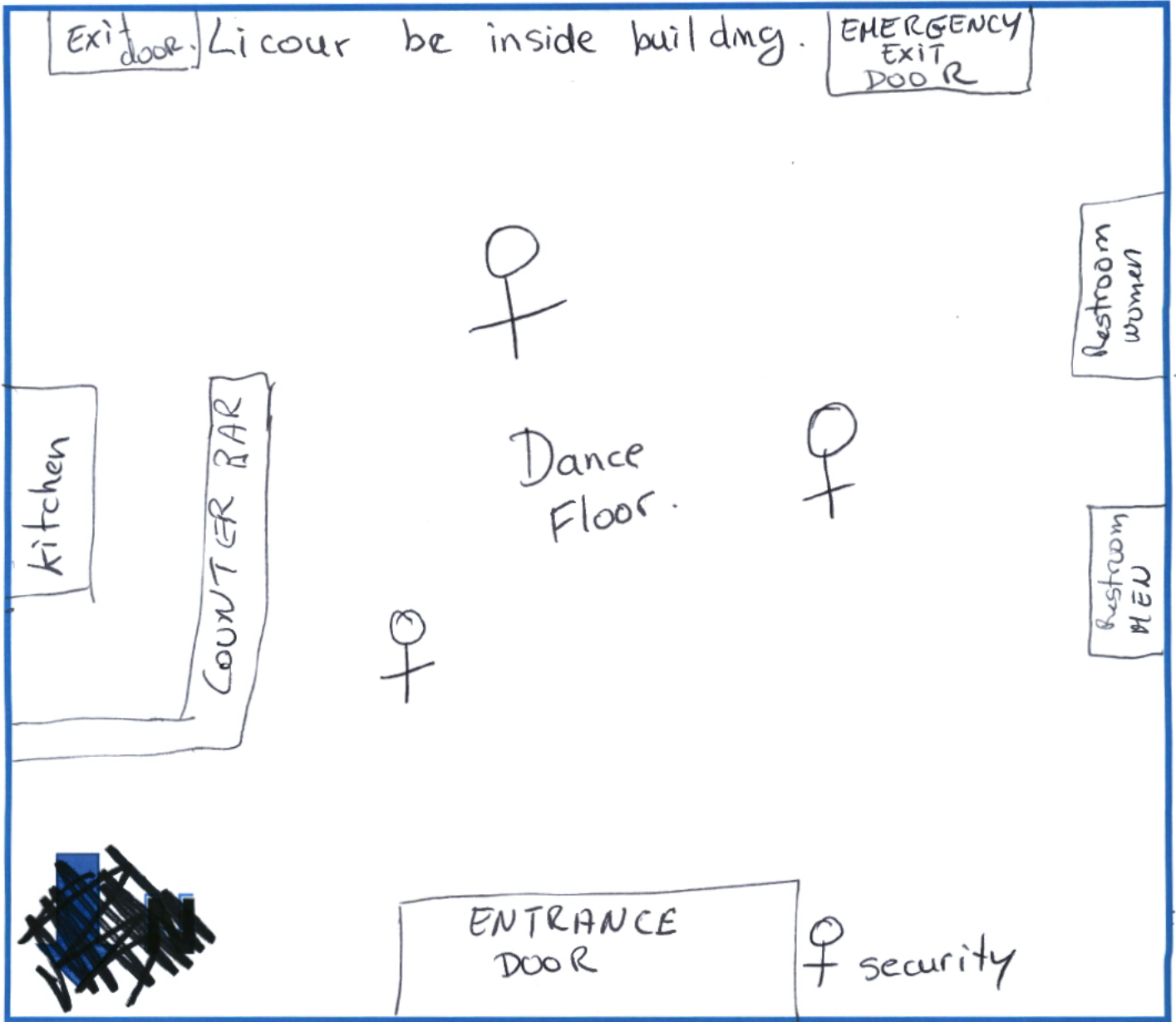
APPROVAL  DISAPPROVAL BY: \_\_\_\_\_ DATE: \_\_\_\_\_





↑ N

↘ Event location



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>

**SPECIAL EVENT PREMISES DIAGRAM**  
 This diagram **MUST** be submitted with Attachment B



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

DEPARTMENT OF THE TREASURY

Date: **APR 30 2019**

HERMANDAD DEL SENOR DE LOS  
MILAGROSMESA AZ  
1412 S PORTLAND AVE  
GILBERT, AZ 85296-0000

Employer Identification Number:  
47-4183062  
DLN:  
26053500002179  
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:  
April 8, 2019  
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

**ENTITY INFORMATION**

Search Date and Time: 9/5/2024 10:15:16 AM

**Entity Details**

HERMANDAD DEL SENOR DE LOS MILAGROS (MESA, AZ).	<b>Entity Name:</b>
19777454	<b>Entity ID:</b>
Domestic Nonprofit Corporation	<b>Entity Type:</b>
<b>Active</b>	<b>Entity Status:</b>
1/20/2015	<b>Formation Date:</b>
In Good Standing	<b>Reason for Status:</b>
4/22/2015	<b>Approval Date:</b>
5/21/2021	<b>Status Date:</b>
1/20/2015	<b>Original Incorporation Date:</b>
Perpetual	<b>Life Period:</b>
Other - CHARITABLE	<b>Business Type:</b>
2024	<b>Last Annual Report Filed:</b>
Arizona	<b>Domicile State:</b>
1/20/2025	<b>Annual Report Due Date:</b>



Original Publish Date:

**Statutory Agent Information**

Name:

SOFIA ELIZABETH VASQUEZ DIAZ

Appointed Status:

Active 5/3/2019

Attention:

Address:

1412 S PORTLAND AVE, GILBERT, AZ 85296, USA

Agent Last Updated:

10/30/2023

E-mail:

Attention:

Mailing Address:

County:

Maricopa

**Principal Information**

Title	Name	Attention	Address	Date of Taking Office	Last Updated
Director	GLORIA ORRILLO		1412 S PORTLAND AVE, GILBERT, AZ, 85296, Maricopa County, USA	1/20/2015	5/3/2019
Director	ANTONIO RUIZ		1412 S PORTLAND AVE, GILBERT, AZ, 85296, Maricopa County, USA	1/20/2015	5/3/2019
Director	CARLOS MAYANDIA		1412 S PORTLAND AVE, GILBERT, AZ, 85296, Maricopa County, USA	1/20/2015	5/3/2019
Director	CARLOS SAENZ		1412 S PORTLAND AVE, GILBERT, AZ, 85296, Maricopa County, USA	1/20/2015	5/3/2019
Director	ROSA LEPLEY		1412 S PORTLAND AVE, GILBERT, AZ, 85296, Maricopa County, USA	1/20/2015	5/3/2019

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Address 

Attention:

Address: 1412 S PORTLAND AVE, GILBERT, AZ, 85296, USA

County: Maricopa

Last Updated: 10/30/2023

Entity Principal Office Address

Attention:

Address:

County:

Last Updated:

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