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: Alcohol Sales Host and Sale Alcohol Free/Host Alcohol Beer 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 _ 6' Chain-link fence surrounding the perimeter in which both off duty and private security will maintain access. 21+ to have ID verified and wristbanded If applying for a Special Event Liquor License the following must be provided: The Greater Cause 84-3166963 Charity's or Organization's Name 501 (C)# Jillian Corwin President Name of Contact at Charity/Organization Title with Organization Phone Number David Horen On-Site Agent Responsible for Liquor How will attendees over the age of 21 be identified? ID's will be manually and electronically verified with Pride Group security officers A wristband will be placed on the patrons wrist once age has been verified, bartenders will only serve patrons who have a wristband roaming security officers will ensure all patrons drinking alcohol have a wristband on their wrist What controls will be used to keep attendees under the age of 21 from obtaining alcohol at the event? Onl patrons with an age verified wristband will be served alcohol by the bar staff and roaming security will check patrons wrists for bands. Yes No If yes, what type of food will be served Various, american faire Will food be served?

Seating capacity of designated area: #1,000

CSR: Amount:



SPECIAL EVENT LICENSE
APPLICATION FEE \$25.00 PER DAY

DECEIV JUL 24 2023

DILC USE ONLY
Job #:

Date Accepted:

CSR:

License #:

Arizona Department of Liquor Licenses and Control 800 W. Washington St. 5th Floor Phoenix, AZ 85007 (602) 542-5141

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

<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.

. Applicant: Corwin	Jillian			
(Must be an Officer/Member of the Non Profit Entit		First	Midd	ile
2. Applicant's mailing address: PO Bo				
3. Applicants home/cell phone:	Street	Cily Applicant's busi	ness phone:	Zip
4. Applicant's email address: Jillian@	GreaterCauseFour	ndation.org		
5. Special Event Name:		CANACOPIA	1	
6. Name of Non-Profit Organization, Car	ndidate or Political Part	y/Gov.: The Gre	ater Cause / Greater	Cause Foundation
7. Non-Profit/IRS Tax Exempt Number: 8^4	L-3166963			
3. Arizona Corporation Commission	n File #: 23026065	If out of Sta	te please specify:	ttach letter of good standing)
P. Event Location Name: Mesa River	view Park			much letter of good sturiding)
10. Event Address: 2060 W Riverview	v Auto Drive, Mesa	, AZ 85201		
Dates and Hours of Event -	Days must be consec	utive and may n	ot exceed 10 conse	cutive 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:	Sept. 16, 2023	Saturday	3PM	10PM
DAY 2:				
DAY 3:				
DAY 4:				
DAY 5:				
DAY 6:				
DAY 7:				
DAY 8:				
DAY 9:				
DAY10:				

	What type of security an List type and number of poli					vs at this event?
8	Number of Police _	42	Number	of Security Personnel	Fencing	Barriers
<u>Must</u> explain s	ecurity measures: _{security} . area. Se	trained in ARS Title curity will be lookin	4, to control the ex g for intoxicated inc	er of the event site. We will emplo vent site, to include but not limited lividuals, making sure that no alco the event will be ID verified both v	to the entries, exits, the boholic beverages leave the	ars and roaming the site, and managing
SECTION 3 W	/hat is the purpose of thi	s event?				
√ On-site con	sumption	Off-site (a	uction/wine/	distilled spirits pull)	□Во	th
	cial event going to control the following boxes. (R-		nsing, serving	, and selling of spirituou	s liquors?	
	Event being held on an n page 3. (If checked m			quire approval and sig	nature by the Loca	al Governing
_	event be held on a curre tach a letter from the lic	•				ed area?
	Name of Business			License Number	Phone (Inc	lude Area Code)
	se in non-use - Special Ev letter from the location				ement	
	nd serve all spirituous liqu m alcohol sales is donated		ailer's license	– Business operates norn	nally, minimum of 2	5% of gross
purchased o	nd serve all spirituous liquer or donated by the special the special event. Must a	event license	e. The retailers	existing alcohol inventor	y must be separate	d from any alcohol
sales of alcol	e between special even hol. (These sales will be do a separate area than the	one in separat	e areas. If alco	ohol is donated or purch		
Off Sale only service of alc	y - Wine/Distilled Spirits F cohol.	Pull, Live or Sile	ent Auctions -	- Retailer will still be perm	itted to conduct al	l normal sale and
SECTION 4						
1. Has the app	plicant been convicted	of a felony,	or had a liqu	or license revoked with	nin the last five (5)	years?
☐ Yes ✓ No	If yes, attach letter of e	explanation.				
2. How many	special event days hav	e been issue	d to this orga	nization during the ca	lendar year?	2
contractor w	nization using the service on the sales and service of the sales and service of	ell alcohol on				
✓ Yes □ No	o If yes, please provide t	he Name of	the special l	ent Contractor:	Forty8 Li	ve!
	nization using the service who hold a series 6, 7, 1					
☐ Yes ✓ No	if yes, please provide	the Name of	Licensee:		License #:	
5 List the nam	ne of the Individual or C	ragnization t	hat will recei	VA TOVODUAS MUST FO	IAI 100 DEDCENT	

Attach additional sheet if necessary.

Address: PO Box 11252, Chandler, AZ 85248 Street City	State	
Address: PO Box 11252, Chandler, AZ 85248 Street City		
Address: PO Box 11252, Chandler, AZ 85248		^{Zlp} 75%
	Percentage:	15%
	State	Tim
		Zip
Please read A.R.S. § 4-203.02 <u>Special event license; rules</u> and R19-1-2		
ALL ALCOHOLIC BEVERAGE SALES MUST BE FOR CONSUM		
NO ALCOHOLIC BEVERAGES SHALL LEAVE A SPECIAL EVENT UNLESS THEY SEALED CONTAINERS OR THE SPECIAL EVENT LICENSE IS STACKED WITH		
SECTION 5 License premises diagram. The licensed premises for your authorized to sell, dispense or serve alcoholic beverages under the provious your special event licensed premises. Please show dimensions, serving measures and security position.	sions of your license. g areas, fencing, bo	. Please attach a diagran
ATTACH DIAG	RAM	
Para Lance Barner		
Declaration: I, (Print Name) Jillian Corwin authorized to submit this application. I have read the contents of this a believe all statements made on this application to be true, correct are	pplication, and to th	ro-
I, (Print Name) Jillian Corwin authorized to submit this application. I have read the contents of this a	pplication, and to the	ne best of my knowledge
I, (Print Name) Jillian Corwin authorized to submit this application. I have read the contents of this a believe all statements made on this application to be true, correct are corrected and correct are corrected and corrected are corrected are corrected and corrected are corrected and corrected are corrected and corrected are corrected and corrected are corrected are corrected and corrected are corrected are corrected and corrected are corrected and corrected are corrected and corrected are corrected are corrected are corrected and corrected are correcte	pplication, and to the	ne best of my knowledge
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I, (Print Name) Jillian Corwin, decl authorized to submit this application. I have read the contents of this a believe all statements made on this application to be true, correct are corrected. OCAL GOVERNING BODY Date Received:	pplication, and to the did complete. Signate	ne best of my knowledge
I, (Print Name) Jillian Corwin authorized to submit this application. I have read the contents of this a believe all statements made on this application to be true, correct are corrected and the contents of this application to be true, correct are corrected. OCAL GOVERNING BODY Date Received:	pplication, and to the did complete. Signate	ne best of my knowledge ure



ID Check Indicated by et. ID Scanners to be provided by Pride Group. Wristbands to be placed on patrons wrist once age is verified. All fencing shown is 6 foot high chainlink fence.

NOTES



Forty8 Live! CLIENT

LOCATION

CANACOPIA

Mesa Riverview Park 2060 W. Riverview Auto Dr., Mesa, Arizona 85201

September 16th, 2023 EVENT DATE(S)

Majo Concert Barricade Event Fence
 Event Fence w/Scrim Picket Fence Crowd Control Fence

Novelty Vendor Space

Food Vendor Space Non-Food Vendor Space

Impster bile Ticket Office

Security Guards

机剪 Mobile Vehicle Barr Emergency Exit

Festival Grounds DRAWING NAME

Event Overview REVISION DATE: July 24th, 2023

REV.#

SCALE

40 Feet

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201 DEPARTMENT OF THE TREASURY

Date:

NOV 2 0 2019

THE GREATER CAUSE PO BOX 11100 CHANDLER, AZ 85248

Employer Identification Number: 84-3166963 DLN: 29053308303009 Contact Person: MARK E MEYER ID# 17230 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: October 2, 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. 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.

ENTITY INFORMATION

Search Date and Time: 7/19/2023 4:53:03 PM

Entity Details

Entity Name:

THE GREATER CAUSE

Entity ID:

23026065

Entity Type:

Domestic Nonprofit Corporation

Entity Status:

Active

Formation Date:

10/2/2019

Reason for Status:

In Good Standing

Approval Date:

10/9/2019

Status Date:

9/30/2021

Original Incorporation Date:

10/2/2019

Life Period:

Perpetual

Business Type:

Any legal purpose

Last Annual Report Filed:

2022

Domicile State:

Arizona

Annual Report Due Date:

10/2/2023

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Original Publish Date:

Statutory Agent Information

ROBB M CORWIN

Appointed Status:

Active 10/9/2019

Attention:

Name:

Address:

4013 W LINDBERGH WAY, CHANDLER, AZ 85226, USA

Agent Last Updated:

8/3/2022

E-mail:

Attention:

Mailing Address:

PO BOX 11100, CHANDLER, AZ 85248, USA

County:

Maricopa

Principal Information

Title	Name	Attention	Address	Date of Taking Office	Last Updated
Director	JILL C CORWIN	Greater Cause Foundation	4013 W LINBERGH WAY, CHANDLER, AZ, 85226, Maricopa County, USA	10/2/2019	9/30/2021
Director	ANNETTE SMITH		3144 E TAURUS PLACE, CHANDLER, AZ, 85249, Maricopa County, USA	10/2/2019	10/9/2019
Director	HEATHER LEWIS		6 OAKWOOD HILLS DRIVE, CHANDLER, AZ, 85248, Maricopa County, USA	10/2/2019	10/9/2019
President	JIII Corwin		PO BOX 11100, CHANDLER, AZ, 85248, Maricopa County, USA		9/30/2021

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Page 1 of 1, records 1 to 4 of 4

Address 🔞

Attention: Greater Cause Foundation

Address: 4013 W LINDBERGH WAY, CHANDLER, AZ, 85226, USA

County: Maricopa

Last Updated: 8/3/2022

Entity Principal Office Address

Attention:

Address:

County:

Last Updated:

Return to Search

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Document History

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Pending Documents

Microfilm History