

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/business/licensing



MAR 08 2018

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 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.)

☐ **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.)

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 _____

One security guard checking ID, one police officer

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

Arizona Hemophilia Association 86-0209257
Charity's or Organization's Name 501 (C)# REDACTED
CINDY KOMAR CEO
Name of Contact at Charity/Organization Title with Organization Phone Number
Joe Bowden

On-Site Agent Responsible for Liquor OK

How will attendees over the age of 21 be identified? ~~barcode~~ Must show ID to get in beer garden

What controls will be used to keep attendees under the age of 21 from obtaining alcohol at the event? _____

~~Barcode~~ No attendees under 21

Will food be served? ☐ Yes ☒ No If yes, what type of food will be served _____

Seating capacity of designated area: # OK 50



Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

FOR DLLC USE ONLY

Event Date(s):

Event time start/end:

CSR:

License:

APPLICATION FOR SPECIAL EVENT LICENSE
Fee= \$25.00 per day for 1-10 days (consecutive)
Cash Checks or Money Orders Only

A service fee of \$25.00 will be charged for all dishonored checks (A.R.S § 44-6852)

IMPORTANT INFORMATION: This document must be fully completed or it will be returned.

The Department of Liquor Licenses and Control must receive this application ten (10) business days prior to the event. 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 (see Section 12).

SECTION 1 Name of Organization: Arizona Hemophilia Association

Name of Licensed Contractor only (if any): BT's Restaurant & Brewery

SECTION 2 Non-Profit/IRS Tax Exempt Number: 86-0209257

SECTION 3 Event Location: 1350 S. Longmore, Mesa, AZ 85202

Event Address: 1350 S. Longmore, Mesa, AZ 85202

SECTION 4 Applicant must be a member of the qualifying organization and authorized by an Officer, Director, or Chairperson of the Organization.

1. Applicant: Komar Cindy REDACTED
Last First Middle Date of Birth
2. Applicant's mailing address: 826 N 5th Avenue Phoenix AZ 85003
Street City State Zip
3. Applicant's home/cell phone: () REDACTED Applicant's business phone: (602) 955-3947
4. Applicant's email address: cindy@arizonahemophilia.org

I, (Print Full Name) CINDY KOMAR declare that I am the APPLICANT filing this application as listed above. I have read the application and the contents and all statements are true, correct and complete.

X [Signature] CEO 3/8/18 REDACTED
Signature Title/Position Date Phone Number

The foregoing instrument was acknowledged before me this

State Arizona County of Maricopa

My Commission Expires on: 5/27/18
Date

8th
Day

March
Month



2018
ANN FANTASIA
Notary Public - State of Arizona
MARICOPA COUNTY
My Commission Expires May 27, 2018

[Signature]
Signature of Notary Public

SECTION 5 Regarding the application for a special event permit: The **Officer, Director, or Chairperson of the organization** certifies that the Organization meets the criteria in A.R.S. § 4-203.02(E) as indicated by checking one of the boxes below.

- (1) ☐ The Organization is a political party or a campaign committee supporting a candidate for public office. Please indicate the name of the candidate that the Organization supports, the office that the candidate seeks, and the month and year that the candidate would first fill the office if successful.

Candidate: _____
Name Office Month/Year

- (2) ☒ The Organization is a non-profit entity organized in Arizona, or pursuant to the laws of another state that is eligible for designation under Section 501(C) of the internal revenue code of the United States. If the Organization is applying under option (2) as a nonprofit entity, please also **INITIAL** in the spaces provided next to all following statements to indicate that, to the best of the Organization's knowledge, the following statements are correct.


To be initialed only by an Officer, Director, or Chairperson of the organization.

OK The Organization has received a determination letter from the Internal Revenue Service ("IRS") indicating that it is eligible for designation as a nonprofit entity under Section 501(C), eligibility or will be eligible on all days that the special event will occur, or has a pending application with the IRS for such treatment that has not been resolved but that will retroactively cover all days that the special event will occur. (Please provide a copy of either the IRS determination letter or the application [without attachments] with this application).

OK The Organization is not aware of any action taken by the IRS to revoke, suspend, or otherwise eliminate their Eligibility under 501(C), or if there is a pending application, the eligibility has not received any indication that the IRS will deny its application and has a good faith basis formed upon a reasonable inquiry into IRS regulations, guidelines and forms that are eligible under 501(C).

OK The Organization understands that if there is a change in circumstances after completing this form that may cause or has caused it to lose its eligibility under 501(C), whether before or after receiving an IRS determination letter, that it has an affirmative duty to notify the Department of Liquor, which may take appropriate action regarding the loss of eligibility.

To be completed only by an Officer, Director, or Chairperson of the organization.

I, (Print Full Name) <u>CINDY KOMAR</u> declare that I am an Officer, Director, or Chairperson of the organization filing this application as listed above. I have read the application and the contents and all statements are true, correct and complete.			
X <u>[Signature]</u> Signature	<u>CEO</u> Title/ Position	<u>3/8/18</u> Date	<u>REDACTED</u> Phone Number
The foregoing instrument was acknowledged before me this <u>8th</u> Day		<u>March</u> Month	<u>2018</u> Year
State <u>Arizona</u> County of <u>Maricopa</u>			
My Commission Expires on: <u>5/27/2018</u> Date		<u>Ann Fantasia</u> Signature of Notary Public	
			

SECTION 6

Will this event be held on a currently licensed premise and within the already approved premises? ☐ Yes ☒ No
(If **yes**, Local Governing Body Signature **not** required)

Name of Business

License Number

Phone (Include Area Code)

SECTION 7 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

(IF USING RETAIL LICENSE, PLEASE SUBMIT A LETTER OF AGREEMENT FROM THE AGENT/OWNER OF THE LICENSED PREMISES TO SUSPEND OR RUN CONCURRENT WITH THE PERMANENT LICENSE DURING THE EVENT. IF THE SPECIAL EVENT IS ONLY USING A PORTION OF THE PREMISES, AGENT/OWNER WILL NEED TO SUSPEND THAT PORTION OF THE PREMISES.)

SECTION 8

What is the purpose of this event? ☒ On-site consumption ☐ Off-site (auction/wine/distilled spirits pull) ☐ Both

SECTION 9

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? 3
(The number cannot exceed 10 days per year.)

3. Is the organization using the services of a licensed contractor or other person to manage the sale or service of alcohol?

☒ Yes ☐ No (If yes, must be a licensed contractor or licensee of series 6, 7, 11, or 12)

4. List all people and organizations who will receive the proceeds. Account for 100% of the proceeds. The organization applying must receive 25% of the gross revenues of the special event liquor sales. Attach an additional page if necessary.

Name Arizona Hemophilia Association Percentage: 25%

Address 826 N 5th Avenue, Phoenix, AZ 85003

Name BJs Percentage: 75%

Address 16022 E Superstition Springs Blvd, Pix AZ 85006
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.

Note: 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.

5. 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.)

1 Number of Police 1 Number of Security Personnel ☒ Fencing ☐ Barriers

Explanation: Anticipate 100 in attendance at any one time. One security guard to check ID. One police officer

SECTION 10 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.

PLEASE FILL OUT A SEPARATE APPLICATION FOR EACH "NON-CONSECUTIVE" DAY

	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM
DAY 1:	<u>4/21/18</u>	<u>SATURDAY</u>	<u>6PM</u>	<u>10:30PM</u>
DAY 2:	<u> </u>	<u> </u>	<u> </u>	<u> </u>
DAY 3:	<u> </u>	<u> </u>	<u> </u>	<u> </u>
DAY 4:	<u> </u>	<u> </u>	<u> </u>	<u> </u>
DAY 5:	<u> </u>	<u> </u>	<u> </u>	<u> </u>
DAY 6:	<u> </u>	<u> </u>	<u> </u>	<u> </u>
DAY 7:	<u> </u>	<u> </u>	<u> </u>	<u> </u>
DAY 8:	<u> </u>	<u> </u>	<u> </u>	<u> </u>
DAY 9:	<u> </u>	<u> </u>	<u> </u>	<u> </u>
DAY10:	<u> </u>	<u> </u>	<u> </u>	<u> </u>


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.

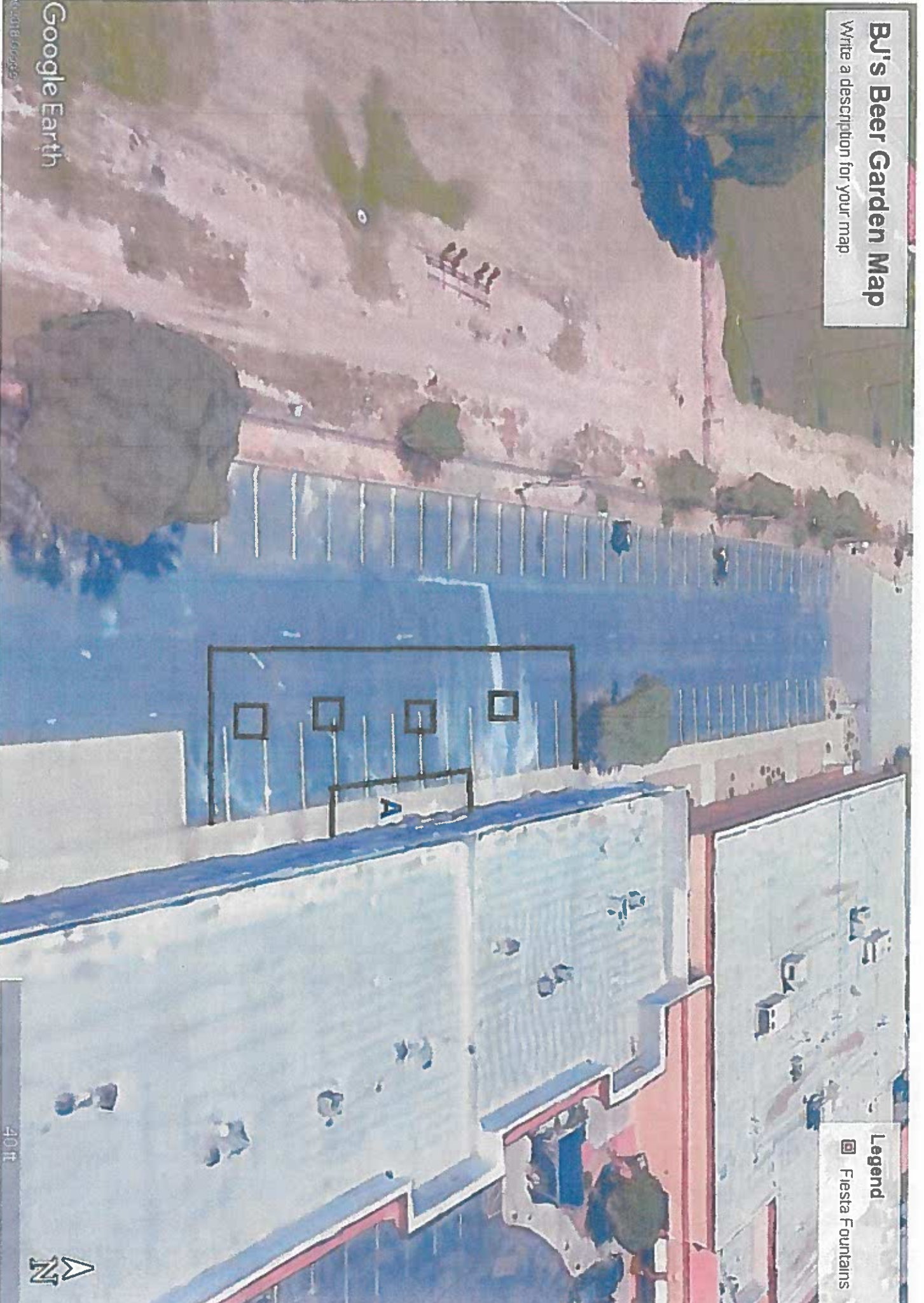
ATTACH DIAGRAM

BU's Beer Garden Map

Write a description for your map.

Legend

 Fiesta Fountains



Google Earth

© 2018 Google

40 ft



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.

SECTION 12 Local Governing Body Approval Section.

Date Received: _____				
I, _____ (Government Official)	_____ (Title)	recommend	<input type="checkbox"/> APPROVAL	<input type="checkbox"/> DISAPPROVAL
On behalf of _____ (City, Town, County)	_____ Signature	_____ Date	_____ Phone	

SECTION 13 For Department of Liquor Licenses and Control use only.

<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	BY: _____	DATE: ____/____/____
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A.R.S. § 41-1030. Invalidity 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.



Exempt Organizations Select Check

[Exempt Organizations Select Check Home](#)

Organizations Eligible to Receive Tax-Deductible Charitable Contributions (Pub 78 data) - Search Results

The following list includes tax-exempt organizations that are eligible to receive tax-deductible charitable contributions. Click on the "Deductibility Status" column for an explanation of limitations on the deductibility of contributions made to different types of tax-exempt organizations.

Results are sorted by EIN. To sort results by another category, click on the icon next to the column heading for that category. Clicking on that icon a second time will reverse the sort order. Click on a column heading for an explanation of information in that column.

1-1 of 1 results

Results Per Page

« Prev | 1-1 | Next »

EIN	Legal Name (Doing Business As)
86-0209257	Arizona Hemophilia Association Inc.

City
Phoenix

State	Country
AZ	United States

Deductibility Status
PC

« Prev | 1-1 | Next »