

GLPAD #4

# 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:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Free/Host Alcohol | <input checked="" type="checkbox"/> Alcohol Sales | <input type="checkbox"/> Host and Sale Alcohol            |
| <input checked="" type="checkbox"/> Beer   | <input type="checkbox"/> Beer and Wine            | <input type="checkbox"/> 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 \_\_\_\_\_  
HOG members patrolling. ID's checked. Wristbands issued

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

Operation Restoring Veteran Hope		83-2350239
Charity's or Organization's Name		501 (C)#
Armando Cantu	Vice President	[REDACTED]
Name of Contact at Charity/Organization	Title with Organization	Phone Number
Yvonne Holmes		
On-Site Agent Responsible for Liquor		

How will attendees over the age of 21 be identified? Wristbands will be issued to 21 and over

What controls will be used to keep attendees under the age of 21 from obtaining alcohol at the event? \_\_\_\_\_  
Members patrolling area and wristbands issued to 21 and over

Will food be served? Yes ☒ No ☐ If yes, what type of food will be served Burgers & Hot Dogs  
Seating capacity of designated area: # 100

RECEIVED

MAR 07 2022

CITY OF MESA  
LICENSING OFFICE



Arizona Department Liquor License and Control  
800 W Washington St. 5th Floor  
Phoenix, AZ 85007-2934  
azliquor.gov  
602-542-5141

DLLC USE ONLY

Job #:
Date Accepted:
CSR:
License #:

SPECIAL EVENT LICENSE APPLICATION  
FEE \$25.00 PER DAY

A service fee of \$25.00 will be charged for all dishonored checks (A.R.S § 44-6852)  
1-10 days consecutive days only, Cash, Checks or Money Orders Only

**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.

1. Applicant: Armando Carter
2. Applicant's mailing address: 1923 W. Nancy Ln Phx AZ 85041  
Street City State Zip
3. Applicant's home/cell phone: [REDACTED] Applicant's business phone: SAME
4. Applicant's email address: liquorlicense@azlic.com

**SECTION 2** Name of Non-Profit Organization, Candidate or Political Party/Gov. Operation Restoring Veteran Hope

**SECTION 3** Non-Profit/IRS Tax Exempt Number: 83-2350239

**SECTION 4** Event Location: 922 S. Country Club Dr. MESA, AZ 85210

**SECTION 5** 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.

**\*\*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>May 21, 2022</u>	<u>Saturday</u>	<u>10 AM</u>	<u>5 PM</u>
DAY 2:				
DAY 3:				
DAY 4:				
DAY 5:				
DAY 6:				
DAY 7:				
DAY 8:				
DAY 9:				
DAY 10:				



**SECTION 6** 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.)

4/11/22 TS \* 2 Number of Police 2 Number of Security Personnel ☒ Fencing ☐ Barriers

Explanation: Desert Wind's HOG members ARE RETIRED  
POLICE OFFICERS. THEY WILL PATROL EVENT.  
EVENT AREA IS COMPLETELY GATED.

**SECTION 7** Will this event be held on a currently licensed premises and within the already approved premises?

☐ Yes ☒ No If yes, Local Governing Body signature is not required.

Name of Business

License Number

Phone (Include Area Code)

**SECTION 8** 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

**SECTION 9** What is the purpose of this event?

☒ On-site consumption ☐ Off-site (auction/wine/distilled spirits pull) ☐ Both

**SECTION 10**

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? 0

3. Is the Organization using the services of a Licensed Contractor?

☐ Yes ☒ No If yes, please provide the Name of the Licensed 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?

☐ Yes ☒ No if yes, please provide the Name of Licensee: \_\_\_\_\_ License #: \_\_\_\_\_

5. The applying non-profit organization must receive 25% of the gross revenues of the total liquor sales. List the names of the individuals or organizations who will receive the rest of the proceeds. **MUST EQUAL 100%.**

Name: OPERATION RESERVING VETERAN NOPE Percentage: 100%

Address: 2346 W. Holly ST PNX AZ 85209  
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 FULL SEALED CONTAINERS OR THE SPECIAL EVENT LICENSE IS STACKED WITH WINE /CRAFT DISTILLERY FESTIVAL LICENSE.**

**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.



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. 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.

**SIGNATURE**

I, (Print Full Name) Armando Conte hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Applicant Signature: [Signature]

**GOVERNING BOARD**

Date Received: \_\_\_\_\_

I, \_\_\_\_\_ (Government Official) \_\_\_\_\_ (Title) recommend ☐ APPROVAL ☐ DISAPPROVAL

On behalf of \_\_\_\_\_ (City, Town, County) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

**DLC USE ONLY**

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

**A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice**

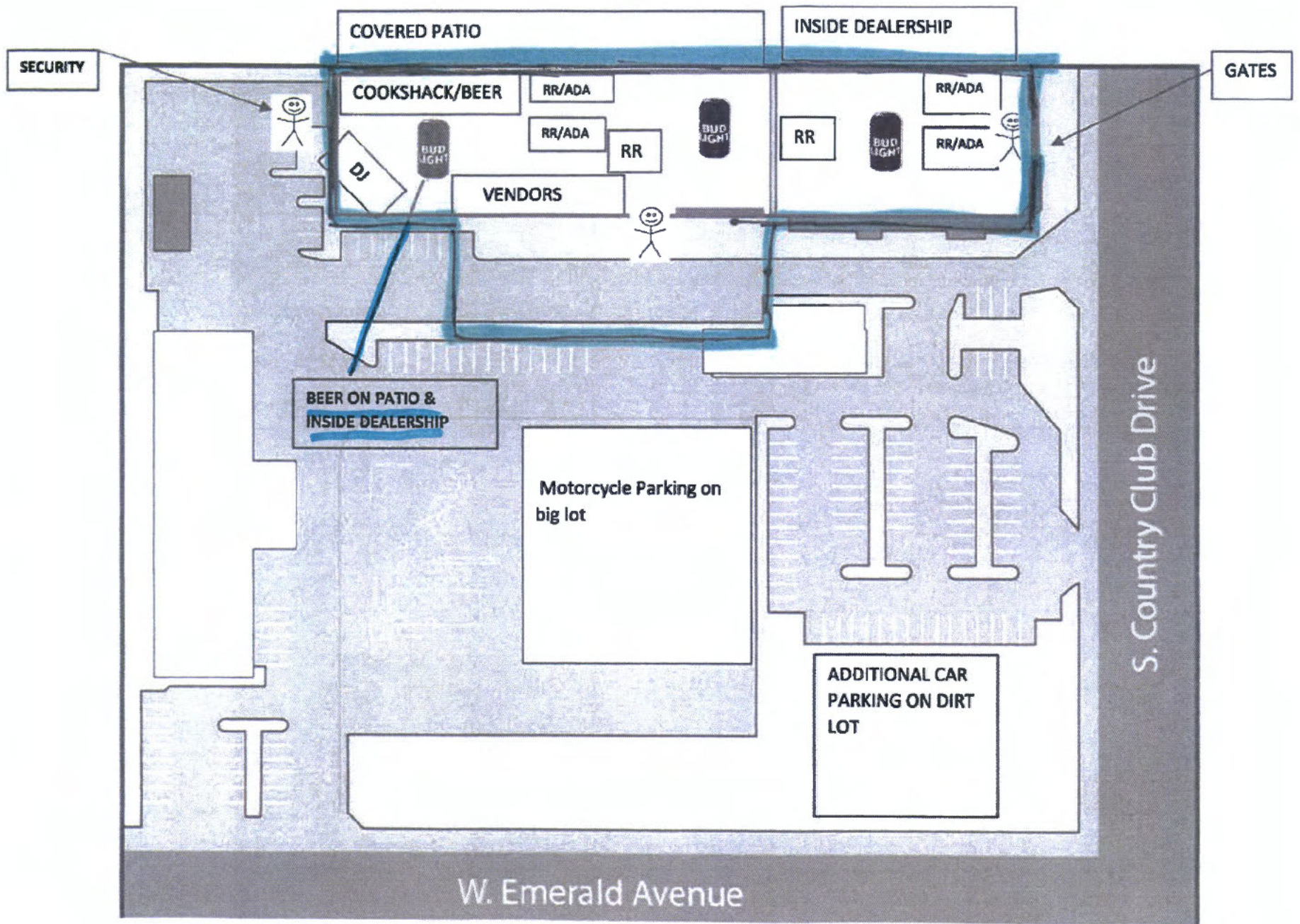
B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or 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.







Department of the Treasury  
Internal Revenue Service  
Tax Exempt and Government Entities  
P.O. Box 2508  
Cincinnati, OH 45201

OPERATION RESTORING VETERAN HOPE  
P O BOX 413  
SURPRISE, AZ 85374

Date:  
07/24/2021  
Employer ID number:  
83-2350329  
Person to contact:  
Name: Customer Service  
ID number: 31954  
Telephone: (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 03, 2019  
Contribution deductibility:  
Yes  
Addendum applies:  
No  
DLN:  
26053488008741

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.

Sincerely,

Stephen A. Martin  
Director, Exempt Organizations  
Rulings and Agreements



# Entity Information

Search Date and Time:

3/22/2022 12:46:14 PM

## Entity Details

OPERATION RESTORING VETERAN HOPE

1897549

Domestic Nonprofit Corporation

Active

10/3/2018

In Good Standing

10/23/2018

7/16/2021

10/3/2018

Perpetual

Other Services (except Public Administration)

2020

Arizona

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:

10/3/2021

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Years Due:

2021

Original Publish Date:

## Statutory Agent Information

Name:

RAYMOND MICHAEL PEREZ

Appointed Status:

Active 9/11/2019

Attention:

Address:

16045 WEST OCOTILLO LANE, SURPRISE, AZ 85374, USA

Agent Last Updated:

7/16/2021

E-mail:

Attention:

Mailing Address:

16045 WEST OCOTILLO LANE, SURPRISE, AZ 85374, USA

County:

Maricopa

## Principal Information

Title	Name	Attention	Address	Date of Taking Office	Last Updated
Treasurer	Sandra Topete		3549 West Kathleen Road, PHOENIX, AZ, 85053, USA		2/14/2022
Secretary	Maria Beltran		16798 West Electra Lane, SURPRISE, AZ, 85387, USA		4/20/2021
Trustee	Tyson Gentz		6222 W Morrow Dr, GLENDALE, AZ, 85308, USA		4/20/2021
Director	Raymond Michael Perez		16045 West Ocotillo Lane, SURPRISE, AZ, 85374, USA		7/16/2021
President	RAYMOND M PEREZ		16045 WEST OCOTILLO LANE, SURPRISE, AZ, 85374, USA		7/16/2021

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Title	Name	Attention	Address	Date of Taking Office	Last Updated
Vice- President	Armando Cantu		1923 West Nancy Lane, PHOENIX, AZ, 85041, USA		2/14/2022

**Entity Known Place of Business****Attention:** Raymond M Perez**Address:** 2346 W Holly St, PHOENIX, AZ, 85009, USA**County:** Maricopa**Last Updated:** 7/16/2021**Entity Principal Office Address****Attention:****Address:****County:****Last Updated:**[Back](#)[Return to Search](#)[Return to Results](#)[Document History](#)[Name/Restructuring History](#)[Pending Documents](#)[Microfilm History](#)