

# 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

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APR 07 2022  
CITY OF MESA  
LICENSING OFFICE

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 \_\_\_\_\_

We will have an off duty police officer and staff will be checking ID's \_\_\_\_\_

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

The Dobson Association Inc. 501c4

Charity's or Organization's Name 501 (C)#

Lynelle Glysson Executive Director

Name of Contact at Charity/Organization Title with Organization Phone Number

Jesse Wright Recreation Director 480-831-7464

On-Site Agent Responsible for Liquor

How will attendees over the age of 21 be identified? \_\_\_\_\_

Staff will be checkin ID's \_\_\_\_\_

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

This is a 21 and over only event.

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

Seating capacity of designated area: # N/A Park



Arizona Department Liquor License and Control  
800 W Washington St. 5<sup>th</sup> Floor  
Phoenix, AZ 85007-2934  
[azliquor.gov](http://azliquor.gov)

602-542-5141

**DLIC 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.

- Applicant: Lynelle Glysson
- Applicant's mailing address: 2719 S Reyes Mesa AZ 85202  

Street	City	State	Zip
--------	------	-------	-----
- Applicants home/cell phone: \_\_\_\_\_ Applicant's business phone: \_\_\_\_\_
- Applicant's email address: Jwright@dobsonranch.com

**SECTION 2** Name of Non-Profit Organization, Candidate or Political Party/Gov.: The Dobson Association Inc.

**SECTION 3** Non-Profit/IRS Tax Exempt Number: 860325778

**SECTION 4** Event Location: 2455 W Laguna Azul Mesa AZ 85202  
 \*Avenue - TS

**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:	11/19/22	Saturday	12p	3p
DAY 2:				
DAY 3:				
DAY 4:				
DAY 5:				
DAY 6:				
DAY 7:				
DAY 8:				
DAY 9:				
DAY 10:				



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MAR 09 2022

CITY OF MESA  
LICENSING OFFICE

Arizona Department Liquor License and Control  
800 W Washington St. 5<sup>th</sup> Floor  
Phoenix, AZ 85007-2934

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DAY 2:	_____	_____	_____	_____
DAY 3:	_____	_____	_____	_____
DAY 4:	_____	_____	_____	_____
DAY 5:	_____	_____	_____	_____
DAY 6:	_____	_____	_____	_____
DAY 7:	_____	_____	_____	_____
DAY 8:	_____	_____	_____	_____
DAY 9:	_____	_____	_____	_____
DAY10:	_____	_____	_____	_____



**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.)

1 2 TS 6/27/22 Number of Police 5 Number of Security Personnel ☒ Fencing ☐ Barriers

Explanation: We will have 1 off duty police officer, Bartender will serve

We will have company come in providing game. We will also have 5 staff

Event will be held at Laguna Park

**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? \_\_\_\_\_

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: The Dobson Association Inc. AS 8/1/22 Percentage: 100

Address: 2719 S Reyes Mesa AZ 85202  
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) Lynelle Glysson 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: 

**GOVERNING BOARD**

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

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

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

**DLLC 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.





ll Festival  
vember  
h, 2022

Internal Revenue Service  
District Director

1100 COMMERCE STREET  
DALLAS, TX 75242-0000

Department of the Treasury

Date: JUN 27 1989

THE DOBSON ASSOCIATION INC  
2719 SOUTH REYES  
MESA, AZ 85202

Employer Identification Number:  
86-0325778

Contact Person:  
EO TECHNICAL ASSISTOR  
Contact Telephone Number:  
(214) 767-3526

Internal Revenue Code  
Section 501(c)(4)  
Accounting Period Ending:  
December 31  
Form 990 Required:  
Yes  
Addendum Applies:  
No

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(a) of the Internal Revenue Code as an organization described in the section indicated above.

Unless specifically excepted, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) for each employee to whom you pay \$100 or more during a calendar year. And, unless excepted, you are also liable for tax under the Federal Unemployment Tax Act for each employee to whom you pay \$50 or more during a calendar quarter if, during the current or preceding calendar year, you had one or more employees at any time in each of 20 calendar weeks or you paid wages of \$1,500 or more in any calendar quarter. If you have any questions about excise, employment, or other Federal taxes, please address them to this office.

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$10 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$5000 or 5 percent of your gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

You are not required to file Federal income tax returns unless you are

Letter 948(DO/CG)

THE DOBSON ASSOCIATION INC

subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

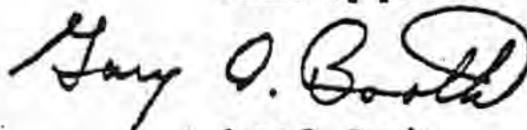
Donors may not deduct contributions to you because you are not an organization described in section 170(c) of the Code. Under section 6113, any fundraising solicitation you make must include an express statement (in a conspicuous and easily recognizable format) that contributions or gifts to you are not deductible as charitable contributions for Federal income tax purposes. This provision does not apply, however, if your annual gross receipts are normally \$100,000 or less, or if your solicitations are made to no more than ten persons during a calendar year. The law provides penalties for failure to comply with this requirement, unless failure is due to reasonable cause.

If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

A handwritten signature in dark ink, appearing to read "Gary O. Booth". The signature is fluid and cursive, with the first name "Gary" being more prominent than the last name "Booth".

Gary O. Booth  
District Director



**ENTITY INFORMATION**

Search Date and Time: 3/14/2022 8:41:02 AM

**Entity Details**

THE DOBSON ASSOCIATION, INC.

00915450

Domestic Nonprofit Corporation

Active

4/17/1973

In Good Standing

4/17/1973

4/19/2021

4/17/1973

Perpetual

HOMEOWNERS ASSOCIATION

2022

Arizona

4/17/2023

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:

Years Due:

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12/31/1973

**Statutory Agent Information**

Name:

Krupnik Law

Appointed Status:

Active 5/7/2020

Attention:

Lynn Krupnik

Address:

3411 N. 5th Ave, Suite 316, PHOENIX, AZ 85013, USA

Agent Last Updated:

3/2/2022

E-mail:

Attention:

Mailing Address:

County:

Maricopa

**Principal Information**

Title	Name	Attention	Address	Date of Taking Office	Last Updated
Treasurer	Stephanie Fee		2719 S Reyes, Mesa, AZ, 85202, Maricopa County, USA	10/17/2019	3/2/2022
CEO (Chief Executive Officer)	Lynelle Glysson		2719 S Reyes, 2719 S Reyes, Mesa, AZ, 85202, Maricopa County, USA	1/2/2019	10/28/2019
Director	Sandy Murray		2719 S Reyes, MESA, AZ, 85202, Maricopa County, USA	12/17/2020	3/2/2022
Director	Chris Diamond		2719 S Reyes, MESA, AZ, 85202, Maricopa County, USA	12/19/2019	5/7/2020

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Title	Name	Attention	Address	Date of Taking Office	Last Updated
Director	Kathleen Tolar		2719 S Reyes, MESA, AZ, 85202, Maricopa County, USA	4/14/2020	5/7/2020

**Address****Attention:** Lynelle Glysson**Address:** 2719 S REYES, MESA, AZ, 85202, USA**County:** Maricopa**Last Updated:** 3/2/2022**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](#)