## 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: Host and Sale Alcohol Free/Host Alcohol Alcohol Sales 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 Normal Title 4 procedures. Staff trained. Id's checked. If applying for a Special Event Liquor License the following must be provided: 180th Field Artillery Regiment Association 86-0689808 Charity's or Organization's Name 501 (C)# Alan Parris Director Name of Contact at Charity/Organization Title with Organization Phone Number Alan Parris On-Site Agent Responsible for Liquor How will attendees over the age of 21 be identified? Id's will be checked. What controls will be used to keep attendees under the age of 21 from obtaining alcohol at the event? Security will be roaming event monitoring crowd. Yes No If yes, what type of food will be served German food from the restaurant Will food be served? Seating capacity of designated area: # T5D

CSR: Amount:





# SPECIAL EVENT LICENSE APPLICATION FEE \$25.00 PER DAY

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

	DLLC USE ONLY
Job #:	
Date A	cepted:
CSR:	
License	#:

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

Applicant: Ala	n B Parris			
	Last		rst	Middle
Applicant's mai	ling address: PO Box 25	02, Chandler AZ 85244	St	Charles Tim
Applicants hom	ne/cell phone:		#y blicant's business phone:	State IIp
Applicant's emo	ail address: Liquorlice	ense@azlic.com		
lame of Non-Pr	ofit Organization, Candid	date or Political Party/Go	ov.: 180th Field Artillery R	egiment Association
	x Exempt Number: 86-0			
			f out of State please s	pecify:
vent Location 1	Name: Zur Kate German R	estaurant		(Attach letter of good star
vent Address: _	4815 E Main St Unit 16, N	Mesa AZ 85205 (Dark	inglot only) -TS	5 10/18/22
Dates a	nd Hours of Event - Days	s must be consecutive	and may not exceed 10	) consecutive days.
	**SEPARATE APPL	ICATION FOR EACH	"NON-CONSECUTIVE	E" DAY**
Days	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM
	11/11/2022	Eriday	3DM	ODM

Days	Date	Day of Week	Time AM/PM	Time AM/PM	
DAY 1:	11/11/2022	Friday	3РМ	9PM	
DAY 2:	11/12/2022	Saturday	3PM	9PM	
DAY 3:					_
DAY 4:		-			
DAY 5:		****			,,
DAY 6:				According to the second	_
DAY 7:			Webbinson, property and the second		_
DAY 8:	4-1-				_
DAY 9:			NOT the subsequence of the subse	***************************************	-
DAY10:			400000000000000000000000000000000000000		Later Control

0	Number of Police 3	Number of Security Personnel	☑ Fencing □ Bar
Explanatio	Portable Bicycle barricade to encl	ose event area. ID checks with security ro	
Will this eve	ent be held on a currently licensed p	oremises and within the already approved	and licensed area?
₩ Yes ☑	No - If No, Local Governing Body sig	nature is required.	
-	Name of Business	License Number	Phone (Include Area Co
SECTION	3 What is the purpose of this event?		
	✓On-site consumption	Off-site (auction/wine/distilled spirits	pull) 🗆 Both
	special event going to conduct all c e of the following boxes. (R-19-318)	tispensing, serving, and selling of spirituous	liquors?
		see selling all alcohol without retailer involvering license for duration of special event	ment
	e and serve all spirituous liquors unde from alcohol sales is donated to licens	er retailer's license – Business operates norma see	ally, minimum of 25% of gross
was purc	chased or donated by the special ever	er special event - The special event licensee nt licensee. The retailers existing alcohol inve ach letter from the location suspending lic	entory must be separated fro
sales of c	alcohol. (These sales will be done in sep	ail location - Both the special event licenses parate areas. If alcohol is donated or purcha that is dispensed by the licensed retailer.)	
	only - Wine/Distilled Spirits Pull, Live or rice of alcohol.	or Silent Auctions – Retailer will still be permit	ted to conduct all normal sc
SECTION	4		
	applicant been convicted of a feld <b>no</b> if yes, attach letter of explanation	ony, or had a liquor license revoked withi on.	n the last five (5) years?
2. How mo	any special event days have been i	ssued to this organization during the cale	endar year? 2
event co	organization using the services of a contractor who may purchase and sell is responsible for the sales and service o	Special Event Contractor? (A licensee of alcohol on behalf of the licensee. If no specifialcohol.)	can utilize the services of a secial event contractor is liste
☐ Yes ☑	No If yes, please provide the Name	e of the Special Event Contractor:	3-40-10-10-10-10-10-10-10-10-10-10-10-10-10
		eries 6, 7, 11, or 12 licensee to manage th cense are automatically qualified to be	

5. List the name of the Individual or Organization that will receive revenues, MUST EQUAL 100 PERCENT.

Name: 180th Field Artillery Regiment Association Percentage: 25
Address: PO Box 2502, Chandler AZ 85244
State City Zidie Tib
Name: Zur Kate German Restauranr  Percentage: 75  Address: 4815 E Main St, Unit 16, Mesa AZ 85205  Street City State Zip
Please read A.R.S. § 4-203.02 <u>Special event license</u> : rules and R19-1-205 <u>Requirements for a Special Event License</u> .  ALL ALCOHOLIC BEVERAGE SALES MUST BE FOR CONSUMPTION AT THE EVENT SITE ONLY.
O ALCOHOLIC BEVERAGES SHALL LEAVE A SPECIAL EVENT UNLESS THEY ARE IN AUCTION WINE OR DISTILLED SPIRITS
ULL SEALED CONTAINERS OR THE SPECIAL EVENT LICENSE IS STACKED WITH WINE /CRAFT DISTILLERY FESTIVAL LICENSE.
<b>ECTION 5</b> 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
neasures and security position.
ATTACH DIAGRAM
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 at is not covered by the existing liquor license, this application must be approved by the local governing body before submitting the Department of Liquor Licenses and Control. Please contact the local governing board for additional information.
PPLICANT SIGNATURE
Declaration:  I, (Print Name) Alan Berris 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.
I, (Print Name) Alan Brassis 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.
I, (Print Name) Alan Brassis 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
I, (Print Name) Alan Brassis 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.
I, (Print Name) Alan Brassis 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
I, (Print Name) Alan Brassis 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  COCAL GOVERNING BODY
I, (Print Name)
I, (Print Name)
I, (Print Name)
I, (Print Name) Alan Brassis 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

one Security at Endrancel two Reamins

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Event area is manifored by Scurch 4 voluntee staff clso rest. staff title a trained randing is 3.5 - 4 Pe then

CITY OF MESA LICENSING OFFICE

#### To Whom it may apply,

Our charity will be hosting an event outside of Zur Kate German Restaurant, located at 4815 E Main St, Unit 16, Mesa AZ 85205, on 11/11 and 11/12/2022. We will not be using any of the restaurant's alcohol, and will not be hosting the event on the actual licensed premises. Therefore, we are applying for a special event license.

Sincerely,

Alan B. Parris

RECEIVED

OCT 18 2022

LICENSING OFFICE

I, Alan Parris-180<sup>th</sup> Field Artillery Regiment Association authorize ALIC and staff to prepare, file and process all paperwork pertaining to the Special event applications. If you have any questions please feel free to contact me at 480-789-0345

Alan Parris

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

Date: JUN 09 2000

180TH FIELD ARTILLERY REGIMENT ASSOCIATION PO BOX 60512 PHOENIX, AZ 85082 Employer Identification Number: 86-0689808 DLN: 17053082014020 Contact Person: C RENEE RAILEY ID# 31172 Contact Telephone Number: (877) 829-5500 Internal Revenue Code Section 501(c)(19) 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. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

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 \$20 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 \$10,000 or 5

#### ENTITY INFORMATION

Search Date and Time: 10/12/2022 4:23:40 PM

**Entity Details** 

**Entity Name:** 180TH FIELD ARTILLERY REGIMENT ASSOCIATION Entity ID: 09355231 **Entity Type: Domestic Nonprofit Corporation Entity Status:** Active Formation Date: 1/10/2000 Reason for Status: In Good Standing Approval Date: 6/22/2018 Status Date: 4/13/2021 Original Incorporation Date: 1/10/2000 Life Period: Perpetual Business Type: CHARITABLE Last Annual Report Filed: 2022 Domicile State: Arizona Annual Report Due Date: 4/10/2023

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Original Publish Date:

2/14/2000

Statutory Agent Information

Name:

JOEL P IVY

Appointed Status:

Active

Attention:

Address:

2420 E STEPHENS PL, CHANDLER, AZ 85225, USA

Agent Last Updated:

3/24/2022

E-mail:

Attention:

Mailing Address:

County:

Maricopa

### **Principal Information**

-	Title	Name	Attention	Address	Date of Taking Office	Last Updated
	Director	GUILLERMO CEBALLOS	Beren White annual series (Bir	323 MONTEZUMA ST, BRIGHTON, CO, 80601, Adams County, USA	12/1/2004	7/29/2019
\$	Director	ALAN B PARRIS	ar ameriy enderiyan karinga i siyaga si karinga sa	7438 E NORWOOD ST, MESA, AZ, 85207, Maricopa County, USA	12/1/2004	7/29/2019
	Director	PAUL E JENSEN		9728 E SHEENA DR, SCOTTSDALE, AZ, 85260, Maricopa County, USA	12/1/2004	7/29/2019
	President	BRAD A MORSE		1911 S SABRINA, MESA, AZ, 85209, Maricopa County, USA	3/27/2014	7/29/2019
	Secretary	ARTHUR ARBUCKLE		3180 E Drake St, CHANDLER, AZ, 85226, Maricopa County, USA	10/22/2015	9/7/2018

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Previous ... 1 2 3 ... Next > Page 2 of 3, records 6 to 10 of 14
Go to Page

Address 🚱

Attention:

Address: 2420 E STEPHENS PL, CHANDLER, AZ, 85225, USA

County: Maricopa

Last Updated: 3/24/2022

**Entity Principal Office Address** 

Attention:

Address:

County:

Last Updated:

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