Special Event **Liquor License** Application Attachment B

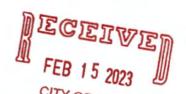
Licensing Office 55 North Center Street Mailing Address: PO Box 1466





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 Alcohol Sales Free/Host Alcohol Beer, Wine and Distilled Spirits Beer 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: This application is in conjunction with Special Event Permit # LICA23-07651 Mesa Music Festival Please describe your security plan to ensure the safe sale or distribution of alcohol at your event ______ If applying for a Special Event Liquor License the following must be provided: Ultimate Imaginations Inc. 74-2532863 Charity's or Organization's Name 501 (C)# Mancy Hormann President/Executive Dir Name of Contact at Charity/Organization Title with Organization Phone Number Nana Hamann -TS 2/28/23 On-Site Agent Responsible for Liquor How will attendees over the age of 21 be identified? All patrons will be ID Checked nd wristbanded once age is verified What controls will be used to keep attendees under the age of 21 from obtaining alcohol at the event? wristband will identify those 21+ Yes No If yes, what type of food will be served Food Trucks Will food be served? Seating capacity of designated area: # Anticipaled # of attendance = 10,000

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	ccepted:
CSR:	
License	#:

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

	cant must be a member Officer, Director, or Chairp			oarty, or Government e
. Applicant: Hor	mann, Nancy			
(Must be an Officer/Me	ember of the Non Profit Entity) La		First	Middle
. Applicant's maili	ng address: 100 N Cente	er Street Mesa, AZ 8520	City	State Zip
Applicants home			cant's business phone:	
Applicant's emai	ll address: nancy@de	owntownmesa.com	n	
	me: Mesa Music F			
	ofit Organization, Candido		. Ultimate Imagir	nations Inc.
. Non-Profit/IRS Tax	Exempt Number: 74-2	532863		
	ration Commission File		out of State please sp	
. Event Location N	ame: Downtown Mes	a Streets		(Attach letter of good s
0. Event Address:	1 N Macdonald Me	esa AZ 85201		
Dates a	nd Hours of Event - Days	s must be consecutive o	and may not exceed 10	consecutive days.
	SEPARATE APPL	ICATION FOR EACH	"NON-CONSECUTIV	E" DAY
Days	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM
DAY 1:	04-15-2023	Saturday	12:00PM	10:00PM
DAY 2:				
DAY 3:				
DAY 4:	***			
DAY 5:				
DAY 6:				
DAY 7:			-	
DAY 8:		-		
DAY 9:		when the second		
DAY10:	•			

SECTION 2 What type of securion (List type and number		measures will you take to prever personnel and type of fencing or co			s at this event?
Number of Po	lice 4	Number of Security Pers	sonnel	Fencing	■Barriers
Must explain security measures:	The area will	be fenced off and security	stationed all	all	
entry/exit points of beer garden to assure					verify age.
SECTION 3 What is the purpose	of this event?				
On-site consumption	☐Off-site	e (auction/wine/distilled spirits p	ull)	□Во	h
How is this special event going to Check one of the following boxe		spensing, serving, and selling of	spirituous liquo	rs \$	
A) Special Event being held a Body on page 3. (If check			and signature	by the Loco	d Governing
B) Will this event be held on a (Must attach a letter from t		sed premises and within the alreemises with an explanation of the			ed area?
Name of B	usiness	License Nur	mber	Phone (Incl	ude Area Code)
Place license in non-use - Spec Must attach letter from the loca		ee selling all alcohol without retail ag license for duration of special			
Dispense and serve all spirituou revenue from alcohol sales is da			ates normally, m	inimum of 25	5% of gross
	ecial event lice	special event - The special event nsee. The retailers existing alcohol er from the location suspending I	inventory must	be separate	d from any alcoh
	be done in sepa	ail location - Both the special ever arate areas. If alcohol is donated in at is dispensed by the licensed re	or purchased b		
Off Sale only - Wine/Distilled Sp service of alcohol.	oirits Pull, Live o	r Silent Auctions – Retailer will still	be permitted to	conduct all	normal sale and
SECTION 4					
Has the applicant been conv	icted of a felo	ny, or had a liquor license revo	ked within the	last five (5)	years?
☐ Yes ☑ No If yes, attach lette	er of explanatio	on.			
2. How many special event day	s have been is	sued to this organization during	the calendar	year? 1	
Is the Organization using the scontractor who may purchase cresponsible for the sales and services.	and sell alcohol	on behalf of the licensee. If no sp			
✓ Yes No If yes, please prov	vide the Name	of the Special Event Contract	tor: Pour Ma	sters	
4. Is the organization using the s (Licensees who hold a series 6		ries 6, 7, 11, or 12 licensee to mo cense are automatically qualifie			
Yes No if yes, please pro	vide the Name	e of Licensee: Pour masters	Licen	se #: <u>LC07</u>	0011
5. List the name of the Individua	ıl or Organizati	on that will receive revenues, N	NUST EQUAL 10	O PERCENT.	

Attach additional sheet if necessary.

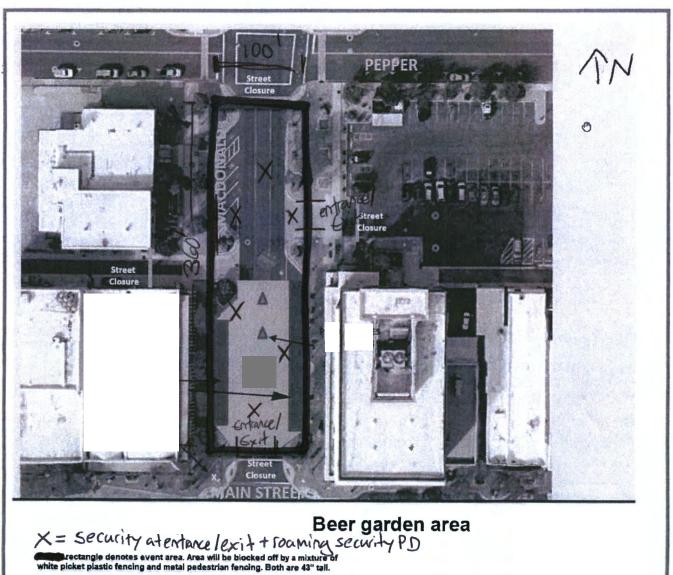
Name: Utlimate Imaginations Inc		Percentage	100%	
Address: 100 N Center Mesa, AZ 85201				
Street	City		ote	Zip
Name:		Percentage		
Address:	City	Sto	ote .	Zip
Please read A.R.S. § 4-203.02 Special event licens	ear rules and P10	1.205 Pequirem	ents for a Sn	ecial Event License
ALL ALCOHOLIC BEVERAGE SALES M		A The least of the second		
NO ALCOHOLIC BEVERAGES SHALL LEAVE A SPECIAL SEALED CONTAINERS OR THE SPECIAL EVENT LICE	EVENT UNLESS T	HEY ARE IN AUC	ION WINE OF	R DISTILLED SPIRITS PUL
SECTION 5 License premises diagram. The license authorized to sell, dispense or serve alcoholic beveron of your special event licensed premises. Please sho measures and security position.	ages under the p	provisions of you	r license. Plea	ase attach a diagram
ATTACH	AID H	GRAM	۸ «	
If the special event will be held at a location without a p that is not covered by the existing liquor license, this app to the Department of Liquor Licenses and Control. Please	lication must be a	approved by the le	ocal governing	g body before submittin
Declaration: I, (Print Name) Nancy Hormann authorized to submit this application. I have read to believe all statements made on this application to	the contents of t	his application, o	and to the be	perjury that I am est of my knowledge
LOCAL GOVERNING BODY				
I,	(Title) Signature	recommend	□ APPROVA	AL DISAPPROVAL
The local governing body (city, town or municipality applications to be completed and submitted. Please of these applications to be submitted. Additional licensing AZDLLC USE ONLY	check with local	government as t	o how far in o	advance they require
□APPROVAL □ DISAPPROVAL BY:			DATE:	

SPECIAL EVENT PREMISES DIAGRAM

This diagram MUST be submitted with Attachment B

Required information: Dimensions, serving areas, enclosure/barrier type and height (labeled), and security positions. Indicate the nearest cross streets, highway or road, if the location does not have an address. Providing all the required information will ensure prompt application processing. The same diagram can be submitted with both the City and State application.

A "bird's eye view" may replace the Special Event Premises Diagram. Please include all the above-required information. Visit the following link for an example http://goo.gl/maps/J78rb



INTERNAL REVENUE SERVICE DISTRICT DIRECTOR 1100 COMMERCE STREET DALLAS. TX 75242-0000

Dale: APR 1 9 1994

ULTIMATE IMAGINATIONS INC 58 WEST MAIN STREET MESA, AZ 85201 Employer Identification Number: 74-2532863

Case Number:

754054064

Contact Person:

SHARI FLOWERS

Contact Telephone Number:

(214) 767-6023

Addendum Applies:

No

Dear Applicant:

Based on the information you recently submitted, we have classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Internal Revenue Code because you are described in section 509(a)(2).

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in 501(c)(3) is still in effect.

This classification is based on the assumption that your operations will continue as you have stated. 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 and foundation status.

This supersedes our letter dated January 24, 1994.

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(2) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(2) organization.

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

Recause this letter could help resolve any questions about your private foundation status, you should keep it in your permanent records.

ENTITY INFORMATION

Search Date and Time: 2/27/2023 6:25:03 PM

Entity Details

Entity Name:

ULTIMATE IMAGINATIONS, INC.

Entity ID:

02122188

Entity Type:

Domestic Nonprofit Corporation

Entity Status:

Active

Formation Date:

2/16/1989

Reason for Status:

In Good Standing

Approval Date:

2/23/1989

Status Date:

2/17/2021

Original Incorporation Date:

2/16/1989

Life Period:

Perpetual

Business Type:

PROMOTIONAL AND EVENTS

Last Annual Report Filed:

2022

Domicile State:

Arizona

Annual Report Due Date:

10/16/2023

Privacy Policy (http://azcc.gov/privacy-policy) I Contact Us (http://azcc.gov/corporations/corporation-contacts)

Statutory Agent Information

Name:

W RALPH PEW

Appointed Status:

Active

Attention:

Address:

1744 S VAL VISTA DR #217, MESA, AZ 85204, USA

Agent Last Updated:

10/7/2022

E-mail:

Attention:

Mailing Address:

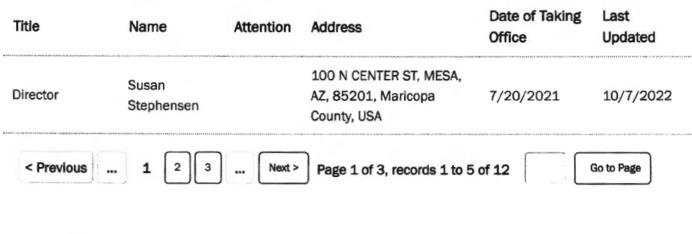
100 N Center, MESA, AZ 85201, USA

County:

Maricopa

Principal Information

Title	Name	Attention	Address	Date of Taking Office	Last Updated
CEO (Chief Executive Officer)	Nancy Hormann		100 N Center St, MESA, AZ, 85201, Maricopa County, USA	10/5/2020	10/7/2022
Secretary	Jill Shaffer		100 N CENTER ST, MESA, AZ, 85201, Maricopa County, USA	6/10/2021	6/21/2021
Director	Kevin Broeckling		100 N Center St, MESA, AZ, 85201, Maricopa County, USA	9/28/2022	10/12/2022
Treasurer	Jeff McVay		100 N Center St, MESA, AZ, 85201, Maricopa CoccaecttyJsJSAtp://azcc.gov/ce	1/13/2021	10/12/2022



Address 🚱

Attention:

Address: 100 N CENTER ST, MESA, AZ, 85201, USA

County: Maricopa

Last Updated: 10/7/2022

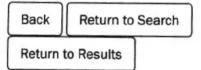
Entity Principal Office Address

Attention:

Address:

County:

Last Updated:



Document History

Name/Restructuring History

Pending Documents

Microfilm History