

# 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

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 <sup>2</sup> off duty police officers roaming the venue as well as 2 staff members and 3 volunteers roaming the venue. *JP 3/31/23*

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

The Dobson Association, Inc. 86-0325778  
Charity's or Organization's Name 501 (C)#  
Fran Pawlak Executive Director [REDACTED]  
Name of Contact at Charity/Organization Title with Organization Phone Number  
Amanda Jensen - Recreation Manager  
On-Site Agent Responsible for Liquor

How will attendees over the age of 21 be identified? They will be carded at the door

What controls will be used to keep attendees under the age of 21 from obtaining alcohol at the event? This is a 21 and older event.  
No one under the age of 21 will be allowed to enter.

Will food be served? Yes ☒ No ☐ If yes, what type of food will be served finger foods and appetizers

Seating capacity of designated area: # 265

CSR:
Amount:



# SPECIAL EVENT LICENSE

## APPLICATION FEE \$25.00 PER DAY

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

RECEIVED

MAR 23 2023

CITY OF MESA  
LICENSING OFFICE

**DLLC USE ONLY**

Job #:
Date Accepted:
CSR:
License #:

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

**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: Pawlak Fran  
(Must be an Officer/Member of the Non Profit Entity) Last First Middle
2. Applicant's mailing address: 2719 S. Reyes Mesa AZ 85202  
Street City State Zip
3. Applicants home/cell phone: \_\_\_\_\_ Applicant's business phone: [REDACTED]
4. Applicant's email address: fpawlak@dobsonranch.com
5. Special Event Name: Casino Night
6. Name of Non-Profit Organization, Candidate or Political Party/Gov.: The Dobson Association, Inc.
7. Non-Profit/IRS Tax Exempt Number: 86-0325778
8. Arizona Corporation Commission File #: 00915450 If out of State please specify: \_\_\_\_\_  
(Attach letter of good standing)
9. Event Location Name: La Casita Recreation Center
10. Event Address: 2719 S. Reyes. Mesa, AZ 85202

**Dates and Hours of Event - Days must be consecutive and may not exceed 10 consecutive days.**

**\*\*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>5/12/2023</u>	<u>Friday</u>	<u>6:30pm</u>	<u>9:30pm</u>
DAY 2:	_____	_____	_____	_____
DAY 3:	_____	_____	_____	_____
DAY 4:	_____	_____	_____	_____
DAY 5:	_____	_____	_____	_____
DAY 6:	_____	_____	_____	_____
DAY 7:	_____	_____	_____	_____
DAY 8:	_____	_____	_____	_____
DAY 9:	_____	_____	_____	_____
DAY 10:	_____	_____	_____	_____



**SECTION 2** 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.)

TS 4/12/23  
12 Number of Police 5 2P 3/31/23 Number of Security Personnel ☒ Fencing ☐ Barriers

**Must** explain security measures: We will have an off duty police officer on the premise. We will also have fencing up to keep people in the designated areas.

**SECTION 3** What is the purpose of this event?

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

How is this special event going to conduct all dispensing, serving, and selling of spirituous liquors?  
Check one of the following boxes. (R-19-318)

3/31/23 2P  
A) ☒ Special Event being held on an **unlicensed** premises will require approval and signature by the Local Governing Body on page 3. (If checked move to section 4)

N/A B) ☐ Will this event be held on a currently licensed premises and within the already approved and licensed area?  
(Must attach a letter from the licensed premises with an explanation of the option checked below)

The Dobson Association, Inc. BYO070019551 480-831-7464

Name of Business

License Number

Phone (Include Area Code)

3/31/23 2P  
☐ Place license in non-use - Special Event Licensee selling all alcohol without retailer involvement  
**Must attach letter from the location suspending license for duration of special event**

☐ Dispense and serve all spirituous liquors under retailer's license - Business operates normally, minimum of 25% of gross revenue from alcohol sales is donated to licensee

N/A ☐ Dispense and serve all spirituous liquors under special event - The special event licensee is in charge of selling alcohol that was purchased or donated by the special event licensee. The retailers existing alcohol inventory must be separated from any alcohol used during the special event. **Must attach letter from the location suspending license for duration of special event**

☐ Split premise between special event and retail location - Both the special event licensee and the retailer will conduct sales of alcohol. (These sales will be done in separate areas. If alcohol is donated or purchased by the special event licensee it must be in a separate area than the alcohol that is dispensed by the licensed retailer.)

☐ Off Sale only - Wine/Distilled Spirits Pull, Live or Silent Auctions - Retailer will still be permitted to conduct all normal sale and service of alcohol.

**SECTION 4**

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 letter of 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 Special Event Contractor? (A licensee can utilize the services of a special event contractor who may purchase and sell alcohol on behalf of the licensee. If no special event contractor is listed, the licensee is responsible for the sales and service of alcohol.)

☐ Yes ☒ No If yes, please provide the Name of the Special Event 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? (Licensees who hold a series 6, 7, 11, or 12 license are automatically qualified to be the special event contractor)

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

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

**Attach additional sheet if necessary.**

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CITY OF MESA  
APR 06 2023  
LICENSING OFFICE

Name: The Dobson Association, Inc. 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 5** 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 governing body before submitting to the Department of Liquor Licenses and Control. Please contact the local governing board for additional information.

**APPLICANT SIGNATURE**

**Declaration:**

I, (Print Name) Fran Pawlak, 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.

*Fran Pawlak*  
Signature

**LOCAL GOVERNING BODY**

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

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

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

**The local governing body (city, town or municipality where the fair/festival will take place) may require additional applications to be completed and submitted. Please check with local government as to how far in advance they require these applications to be submitted. Additional licensing fees may also be required before approval may be granted.**

**AZDLLC USE ONLY**

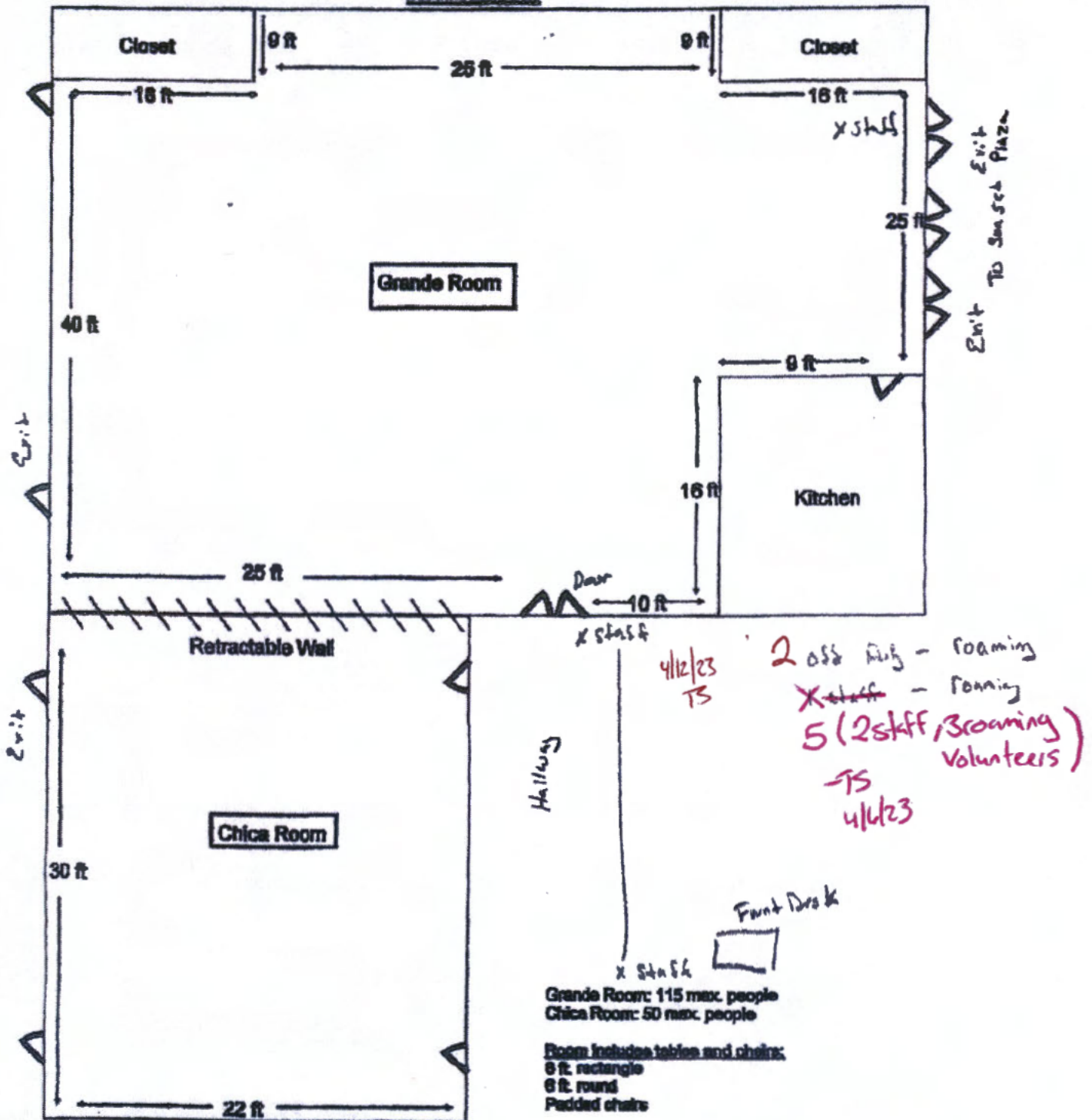
☐ APPROVAL ☐ DISAPPROVAL BY: \_\_\_\_\_ DATE: \_\_\_\_\_

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CITY OF MESA  
LICENSING OFFICE



**Doherty Ranch HOA**  
**La Casita Recreation Center**  
**Room Layout**

→ 2



Grande Room: 115 max. people  
 Chica Room: 50 max. people

Room includes tables and chairs:  
 8 ft rectangle  
 6 ft round  
 Padded chairs

Note: If number of people is exceeded the deposit will not be returned.

$\uparrow^N$ 

**Plaza includes**  
**60 chairs**



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.

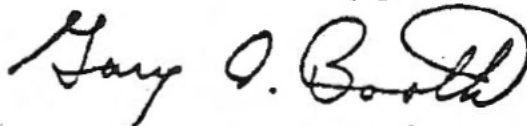
Donors may not deduct contributions to you because you are not an organization described in section 170(c) of the Code. Under section 6113, any fundraising solicitation you make must include an express statement (in a conspicuous and easily recognizable format) that contributions or gifts to you are 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 and the last name "Booth" written in a more compact, cursive style.

Gary O. Booth  
District Director



## ENTITY INFORMATION

Search Date and Time: 3/29/2023 2:45:38 PM .

### Entity Details

Entity Name:

THE DOBSON ASSOCIATION, INC.

Entity ID:

00915450

Entity Type:

Domestic Nonprofit Corporation

Entity Status:

Active

Formation Date:

4/17/1973

Reason for Status:

In Good Standing

Approval Date:

4/17/1973

Status Date:

4/19/2021

Original Incorporation Date:

4/17/1973

Life Period:

Perpetual

Business Type:

Other - HOMEOWNERS ASSOCIATION

Last Annual Report Filed:

2023

Domicile State:

Arizona

Annual Report Due Date:

4/17/2024

Years Due:

Original Publish Date:

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:

2/23/2023

E-mail:

Attention:

Mailing Address:

County:

Maricopa

**Principal Information**

Title	Name	Attention	Address	Date of Taking Office	Last Updated
Director	Richard Bitner		2719 S. Reyes, MESA, AZ, 85202, Maricopa County, USA	4/13/2021	3/2/2022
President	Nicole Lynam		2719 S. Reyes, MESA, AZ, 85202, Maricopa County, USA	4/13/2021	1/5/2023
Secretary	Michael Snedeker		2719 S Reyes, Mesa, AZ, 85202, Maricopa County, USA	4/14/2020	1/5/2023
Treasurer	Stephanie Fee		2719 S Reyes, Mesa, AZ, 85202, Maricopa County, USA	10/17/2019	3/2/2022

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Title	Name	Attention	Address	Date of Taking Office	Last Updated
CEO (Chief Executive Officer)	Fran Pawlak		2719 S. Reyes, Mesa, AZ, 85202, Maricopa County, USA	1/3/2023	1/5/2023

#### Address

Attention: Fran Pawlak

Address: 2719 S. REYES, MESA, AZ, 85202, USA

County: Maricopa

Last Updated: 2/23/2023

#### Entity Principal Office Address

Attention:

Address:

County:

Last Updated:

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