

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/business/licensing



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 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.)

☐ **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.)

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 _____
Event will be held inside and under the covered area. We will have HOG members roaming event.

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

Unit 1 Bravo AOMA	83-4202312
Charity's or Organization's Name	501 (C)#
James Branton	Director
Name of Contact at Charity/Organization	Title with Organization
James Branton/Yvonne Holmes	Phone Number
On-Site Agent Responsible for Liquor	

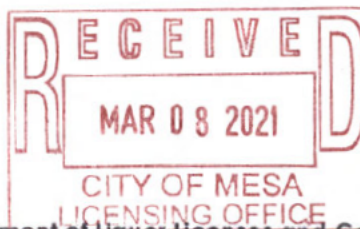
How will attendees over the age of 21 be identified? Wristbands will be issued to 21 and over

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

Wristbands will be issued and volunteers roaming event

Will food be served? ☒ Yes ☐ No If yes, what type of food will be served El Pollo Loco or Food Truck

Seating capacity of designated area: # 40



Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

FOR DLLC USE ONLY

Received Date:
Job #:
CSR:
License #:

APPLICATION FOR SPECIAL EVENT LICENSE

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

IMPORTANT INFORMATION: This document must be fully completed or it will be returned.
The Department of Liquor Licenses and Control must receive this application ten (10) business 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: Branton James Finley [Redacted] [Redacted]
Last First Middle Date of Birth
2. Applicant's mailing address: 17881 W Pershing St Surprise AZ 85338
Street City State Zip
3. Applicant's home/cell phone: () [Redacted] Applicant's business phone: (602) 566-3141
4. Applicant's email address: jbranton9@gmail.com

SECTION 2 Name of Organization, Candidate or Political Party/Gov.: Unit 1 Bravo AOMA

SECTION 3 Non-Profit/IRS Tax Exempt Number: 83-4202312

SECTION 4 Event Location: Desert Wind Harley Davidson

Event Address: 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.

PLEASE FILL OUT A SEPARATE APPLICATION FOR EACH "NON-CONSECUTIVE" DAY

	Date	Day of Week	Event Start Time AM/PM	Event End Time AM/PM	Numbers of Attendees (Each Day)
DAY 1:	4/22/2021	Thursday	5pm	8pm ^{9pm} ^{4/21} ^{TS}	80
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.)

0 Number of Police 0 Number of Security Personnel ☐ Fencing ☐ Barriers

Explanation: Hog Chapter members are retired PD and will patrol event.

SECTION 7 Will this event be held on a currently licensed premise and within the already approved premises? ☐ Yes ☒ No
(If yes, Local Governing Body Signature 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

(IF USING RETAIL LICENSE, PLEASE SUBMIT A LETTER OF AGREEMENT FROM THE AGENT/OWNER OF THE LICENSED PREMISES TO SUSPEND OR RUN CONCURRENT WITH THE PERMANENT LICENSE DURING THE EVENT. IF THE SPECIAL EVENT IS ONLY USING A PORTION OF THE PREMISES, AGENT/OWNER WILL NEED TO SUSPEND THAT PORTION OF THE PREMISES.)

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
(The number cannot exceed 10 days per year.)

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

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

5. List all people and organizations who will receive the proceeds. Account for 100% of the proceeds. The organization applying must receive 25% of the gross revenues of the special event liquor sales. Attach an additional page if necessary.

Name Unit 1 Bravo AOMA Percentage: 100%

Address 17881 W Pershing St Surprise AZ 85388

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.

Note: 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.

ATTACH DIAGRAM

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.

**Attestation for Special Events Licenses
Executive Order ("E.O.") 2020-59
Further Mitigation Requirement for Events**

On December 2, 2020 Governor Ducey issued E.O. 2020-59, Further Mitigation Requirement for Events. Pursuant to E.O. 2020-59, beginning on December 3rd, an applicant for a series 15, Special Event License or series 16, Festival/Fair License are required to submit an attestation acknowledging that public health requirements issued by ADHS will be followed by attendees and enforced by event organizers prior to receiving the license.

I hereby attest, by submitting this form, that as the applicant listed below I acknowledge that I understand that as a condition of the series 15, Special Event License or series 16, Festival/Fair License issued to me by the DLLC, I shall ensure compliance with the applicable requirements issued by ADHS and any other requirements or guidelines incorporated therein related to mitigating the transmission of COVID-19 during my event, including that as the event organizer I will implement and enforce the following:

At all times:

- Require the use of masks at all times by event organizers, staff and attendees except while actively eating or drinking.
- Promote healthy hygiene practices.
- Ensure cleaning and disinfection practices and ventilation.
- Ensure adequate supplies of hand sanitizer and cleaning supplies.
- Monitor all persons in the business premises for sickness.
- Ensure physical distancing by spacing chairs and tables at least 6 feet apart.
- Limit the congregation of groups during the event.
- Eliminate instances where attendees serve their own food.

By submitting this attestation, the applicant is agreeing to meet the applicable guidance in the ADHS Requirements for the business located at www.azhealth.gov/businesscovid19, as may be updated or modified from time-to-time.

Notwithstanding the submission of this attestation, if DLLC becomes aware of actions taken by the applicant that may take jeopardize the health, safety, and welfare of the public or that the representations in this attestation are false, DLLC additional action as necessary to protect the health, safety and welfare of the public.

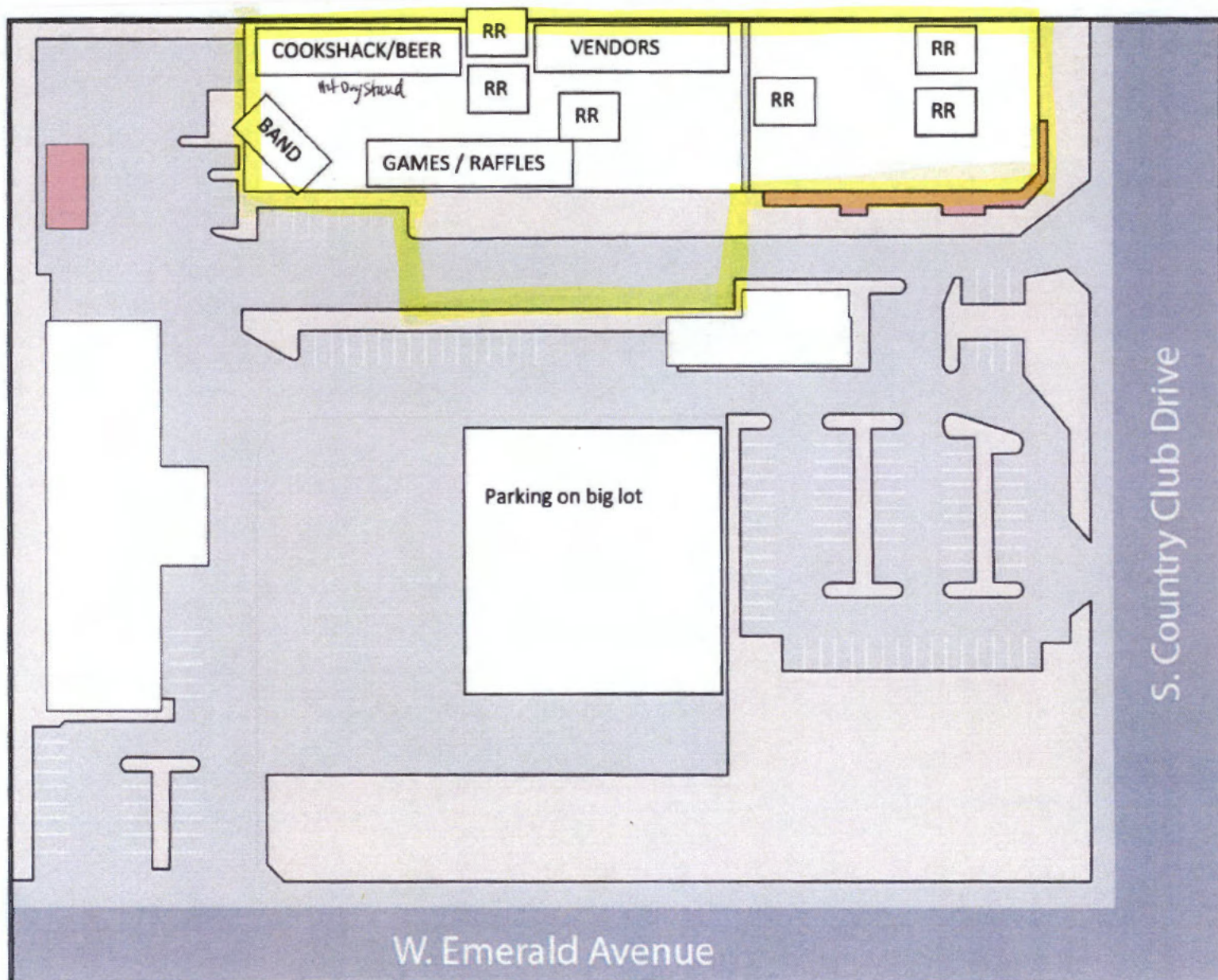
To review up-to-date information regarding ADHS' emergency response to COVID-19 and information for businesses, please visit www.azhealth.gov/businesscovid19.

I, (Print Full Name) **James Finley Branton** 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: James F Branton

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RR= Restroom



AMENDMENT
Date 3/9/21 Staff TS

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

DEPARTMENT OF THE TREASURY

APR 18 2019

Date:

UNIT 1 BRAVO AOMA
17881 W PERSHING ST
SURPRISE, AZ 85388-0200

Employer Identification Number:

83-4202312

DLN:

26053491004119

Contact Person:

CUSTOMER SERVICE

ID# 31954

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Form 990-PF Required:

Yes

Effective Date of Exemption:

February 21, 2019

Addendum Applies:

No

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 private foundation within the meaning of Section 509(a).

You're required to file Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation, annually, whether or not you have income or activity during the year. 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. Enter "4221-PF" in the search bar to view Publication 4221-PF, Compliance Guide for 501(c)(3) Private Foundations, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 1076