

AMENDMENT

Special Event Liquor License Application Attachment B

Date 9/14/21 Staff JP

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: NA

Please describe your security plan to ensure the safe sale or distribution of alcohol at your event. WE ARE ONLY SELLING

ALCOHOL FOR CONSUMPTION IN OUR DINING ROOM ON OUR ENCLOSED PRID, NO SECURITY NEEDED
OTHER THAN STAFF MONITORING.

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

ULTIMATE IMAGINATIONS INC.

74-2532863

Charity's or Organization's Name

Shantae Jackson

Deputy Director

501 (C)

Name of Contact at Charity/Organization

Title with Organization

Phone Number

KELSON STRATHES - 480-414-7670

On-Site Agent Responsible for Liquor

How will attendees over the age of 21 be identified? ANYONE WHO LOOKS UNDER THE AGE OF 45 WILL
BE ASKED TO SHOW THEIR ID. ALCOHOL WILL ONLY BE SOLD AT THE FRONT COUNTER INSIDE.

What controls will be used to keep attendees under the age of 21 from obtaining alcohol at the event? CHECKING IDS,
SERVERS CIRCULATING AMONGST TABLES.

Will food be served? Yes ☒ No ☐ If yes, what type of food will be served BURGERS & FRIES

Seating capacity of designated area: # 30-35



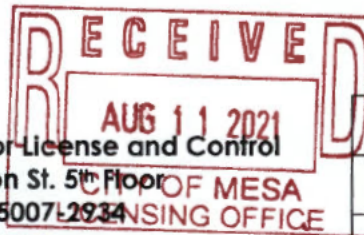
Arizona Department Liquor License and Control

800 W Washington St. 5th Floor

Phoenix, AZ 85007-2934

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.

1. Applicant: Samantha Jackson
2. Applicant's mailing address: 100 N. Center St. Mesa AZ 85201
3. Applicants home/cell phone: [REDACTED] Applicant's business phone: [REDACTED]
4. Applicant's email address: Sam@downtownmesa.com

SECTION 2 Name of Non-Profit Organization, Candidate or Political Party/Gov.: ULTIMATE IMAGINATIONS, INC.

SECTION 3 Non-Profit/IRS Tax Exempt Number: 74-2532863

SECTION 4 Event Location: 218 W. MAIN ST. MESA, AZ 85201

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:	10/29/21	FRIDAY	9AM	9PM
DAY 2:	10/30/21	SATURDAY	9AM	9PM
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.)

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

Explanation: THIS EVENT WILL BE HELD INSIDE OUR RESTAURANT DINING ROOM (BOOSE)
AND ON OUR FRONT PATIO (BOOSE). NO ALCOHOL WILL BE PERMITTED BEYOND
THE ENCLOSED PATIO STRUCTURE. STAFF FROM THE RESTAURANT WILL SERVE & MONITOR
CONSUMPTION. NO ADDITIONAL SECURITY NEEDED.

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

**only on-site consumption, no off-site. TS 9/14/21*

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

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: ULTIMATE IMAGINATIONS INC. Percentage: 25%

Address: 100 N. CENTER ST. MEGA AZ 85201
Street City State Zip

Name: NORTH AZ LLC DBA NORTH TAKEAWAY Percentage: 75%

Address: 218 W. MAIN ST. MESA AZ 85201
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
PULL 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) Samantha Jackson 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

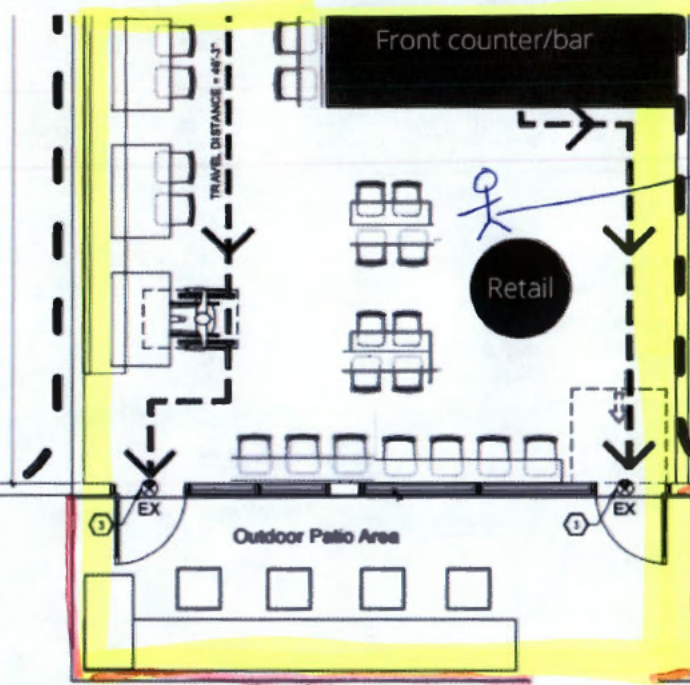
B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or 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.

Old Brick House
220 W Main St



Front counter/bar

→ ID check

Roaming staff

Retail

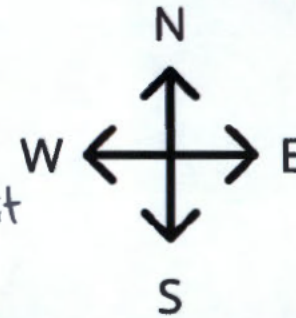
Vacant
216 W Main St

National
Comedy
Theater
214 W Main St

Outdoor Patio Area

40" STEEL FENCE
218 W Main St

↑ entrance/exit



Main Street

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

DEPARTMENT OF THE TREASURY

Date: APR 19 1994

Employer Identification Number:
74-2532863

Case Number:
754054064

Contact Person:
SHARI FLOWERS

Contact Telephone Number:
(214) 767-6023

Addendum Applies:
No

ULTIMATE IMAGINATIONS INC.
58 WEST MAIN STREET
MESA, AZ 85201

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.

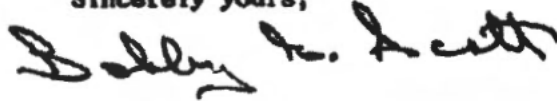
Because this letter could help resolve any questions about your private foundation status, you should keep it in your permanent records.

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ULTIMATE IMAGINATIONS INC.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

A handwritten signature in dark ink, appearing to read "Bobby E. Scott". The signature is fluid and cursive, with the first name "Bobby" being more prominent and the last name "Scott" following in a similar style.

Bobby E. Scott
District Director