



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

FOR DLIC USE ONLY

Event Date(s):

Event time start/end:

CSR:

License:

APPLICATION FOR SPECIAL EVENT LICENSE
Fee= \$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. 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 (see Section 12).

SECTION 1 Name of Organization: Pinal County Veterans Memorial Foundation

Name of Licensed Contractor only (if any): _____

SECTION 2 Non-Profit/IRS Tax Exempt Number: 27-2363646

SECTION 3 Event Location: Dolce Vita

Event Address: 3301 S. Goldfield Rd, Apache Junction, AZ 85119

SECTION 4 Applicant must be a member of the qualifying organization and authorized by an Officer, Director, or Chairperson of the Organization.

1. Applicant: Bagnall Matthew R. 10/24/1958
Last First Middle Date of Birth
2. Applicant's mailing address: 1423 N. Wynona Ct Casa Grande AZ 85122
Street City State Zip
3. Applicant's home/cell phone: (520) 705-7070 Applicant's business phone: (520) 705-7070
4. Applicant's email address: mbagnall@cox.net

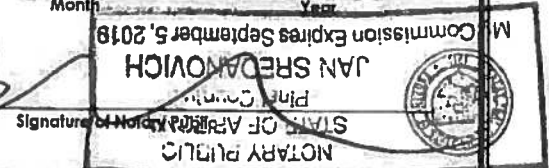
I, (Print Full Name) Matthew R. Bagnall declare that I am the APPLICANT filing this application as listed above. I have read the application and the contents and all statements are true, correct and complete.

[Signature] Corporate Treasurer 6/1/2018 520-705-7070
Signature Title/Position Date Phone Number

The foregoing instrument was acknowledged before me this 1st June 2018
Day Month Year

State AZ County of Pinal

My Commission Expires on: 9-5-2019



(1) ☐ The Organization is a political party or a campaign committee supporting a candidate for public office. Please indicate the name of the candidate that the Organization supports, the office that the candidate seeks, and the month and year that the candidate would first fill the office if successful.

(2) ☒ The Organization is a non-profit entity organized in Arizona, or pursuant to the laws of another state that is eligible for designation under Section 501(C) of the Internal Revenue Code of the United States. If the Organization is applying under option (2) as a nonprofit entity, please also **INITIAL** in the spaces provided next to all following statements to indicate that, to the best of the Organization's knowledge, the following statements are correct.

13 The Organization has received a determination letter from the Internal Revenue Service ("IRS") indicating that it is eligible for designation as a nonprofit entity under Section 501(C), eligibility or will be eligible on all days that the special event will occur, or has a pending application with the IRS for such treatment that has not been resolved but that will retroactively cover all days that the special event will occur. (Please provide a copy of either the IRS determination letter or the application [without attachments] with this application).

7/13 The Organization understands that if there is a change in circumstances after completing this form that may cause or has caused it to lose its eligibility under 501(C), whether before or after receiving an IRS determination letter, that it has an affirmative duty to notify the Department of Liquor, which may take appropriate action regarding the loss of eligibility.

I, (Print Full Name) Matthew R. Bagnall declare that I am an Officer, Director, or Chairperson of the organization filing this application as listed above. I have read the application and the contents and all statements are true, correct and complete.

X *[Signature]* Corporate Treasurer 6/1/2018 520-705-7070
 Signature Title/Position Date Phone Number

The foregoing instrument was acknowledged before me this 1st June 2018
 Day Month Year

State AZ County of Pinal

My Commission Expires on: 9-5-2019
 Date

[Signature]
 Signature of Notary Public
 My Commission Expires September 5, 2019

NOTARY PUBLIC
 STATE OF ARIZONA
 Pinal County
 JIAN SREDANOVICH

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)

9/12/2017

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

DEPARTMENT OF THE TREASURY

Date: **SEP 30 2010**

PINAL COUNTY VETERANS MEMORIAL
FOUNDATION
C/O JOANN GALINDO
808 N SUNSHINE BLVD
ELOY, AZ 85231

Employer Identification Number:
27-2363646

DLN:

17053257310020

Contact Person:

JOAN C KISER

ID# 31217

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

June 30

Public Charity Status:

170(b)(1)(A)(vi)

Form 990 Required:

Yes

Effective Date of Exemption:

February 18, 2010

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

SECTION 7 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 8

What is the purpose of this event? ☒ On-site consumption ☐ Off-site (auction/wine/distilled spirits pull) ☐ Both

SECTION 9

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? 1 (including this one)
(The number cannot exceed 10 days per year.)
3. Is the organization using the services of a licensed contractor or other person to manage the sale or service of alcohol?
☐ Yes ☒ No (If yes, must be a licensed contractor or licensee of series 6, 7, 11, or 12)
4. 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 Pinal County Veterans Memorial Foundation Percentage: 100%
Address PO Box 11487 Casa Grande, AZ 85130
- 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 PULL SEALED CONTAINERS OR THE SPECIAL EVENT LICENSE IS STACKED WITH WINE /CRAFT DISTILLERY FESTIVAL LICENSE.

5. 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: Event is supervised by adequate adult staff. The event will be held at a 55 plus senior community.

SECTION 10 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	License End Time AM/PM
DAY 1:	March 3, 2019	Sunday	1:00pm	4:00pm
DAY 2:	_____	_____	_____	_____
DAY 3:	_____	_____	_____	_____
DAY 4:	_____	_____	_____	_____
DAY 5:	_____	_____	_____	_____
DAY 6:	_____	_____	_____	_____
DAY 7:	_____	_____	_____	_____
DAY 8:	_____	_____	_____	_____
DAY 9:	_____	_____	_____	_____
DAY 10:	_____	_____	_____	_____

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

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.

SECTION 12 Local Governing Body Approval Section.

Date Received: _____			
I, _____ (Government Official)	_____ (Title)	recommend	<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL
On behalf of _____ (City, Town, County)	_____ Signature	_____ Date	_____ Phone

SECTION 13 For Department of Liquor Licenses and Control use only.

<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	BY: _____	DATE: ____/____/____
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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.

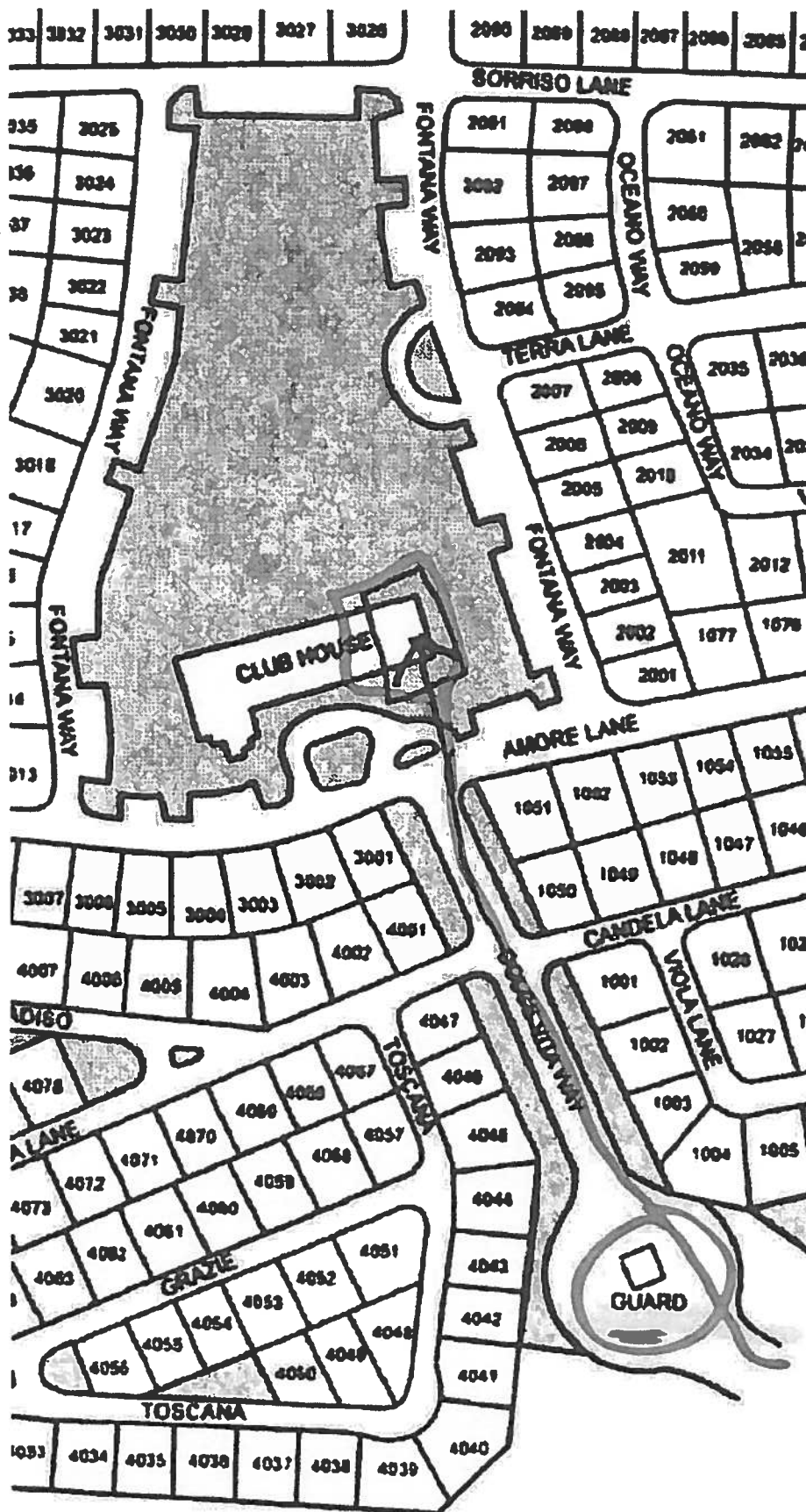
E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.

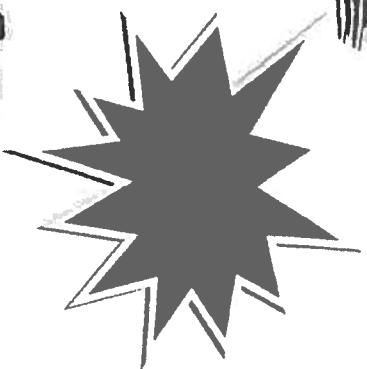
this Will Be held
at
Dolce Vita
3301 S. Goldsfield Rd
Apache Junction, AZ

We Will have
IT in the Ballroom
INSIDE the Club house
The Club house is
INSIDE A 55+ Park
AND has ONLY ONE
Door WHERE Tickets
Will be Sold.

We will have
OUR Committee Members
Serving.



PINAL COUNTY
VETERANS
MEMORIAL
FOUNDATION



5th Annual



Celebration

Featuring:

"Howard Schneider and his All Star Dixieland Band"

When: Sunday, March 3, 2019

Time: 1:30 p.m. – 4:00 p.m.

Location: Dolce Vita at Superstition Mountain

3301 S. Goldfield Rd, Apache Junction, AZ

Come Dance and Party with us!

- Live Music
- \$5.00 Cover Charge
- Great Food for additional cost
- Prize Drawings
- 50/50 Drawing

Event Sponsored by: Dolce Vita

100% of Proceeds go to the Pinal County Veterans Memorial Foundation, building fund.
Event Contact: Nancy Fassbender 520-280-4715

PINAL COUNTY
VETERANS
MEMORIAL
FOUNDATION



5th Annual



Celebration

Featuring:

"Howard Schneider and his All Star Dixieland Band"

When: Sunday, March 3, 2019

Time: 1:30 p.m. – 4:00 p.m.

Location: Dolce Vita at Superstition Mountain

3301 S. Goldfield Rd, Apache Junction, AZ

Come Dance and Party with us!

- Live Music
- \$5.00 Cover Charge
- Great Food for additional cost
- Prize Drawings
- 50/50 Drawing

Event Sponsored by: Dolce Vita

100% of Proceeds go to the Pinal County Veterans Memorial Foundation, building fund.
Event Contact: Nancy Fassbender 520-280-4715

Sponsors

\$250.00 for Event – plus gift for drawing (optional)

Name in Monthly Newsletter, Logo on Posters for event distributed 3 weeks prior to event. Name recognition when gift is drawn and Company name on Sponsor list at all tables.

Contact: _____

Phone: _____ Email: _____

Company: _____

Address: _____

**** Please email company logo to email below for posters.**

Make check made payable to Pinal County Veterans Memorial Foundation:

() Total payment enclosed \$ _____

() Will provide a gift for drawing

Please email this form to: nfass@hotmail.com

Or Mail to: PCVMF – P.O. Box 11487 Casa Grande, AZ 85130



Sponsors

\$250.00 for Event – plus gift for drawing (optional)

Name in Monthly Newsletter, Logo on Posters for event distributed 3 weeks prior to event. Name recognition when gift is drawn and Company name on Sponsor list at all tables.

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Please email this form to: nfass@hotmail.com

Or Mail to: PCVMF – P.O. Box 11487 Casa Grande, AZ 85130



For more information on this much needed and deserved memorial

Go to: www.pcvmf.org

Questions contact: Nancy Fassbender 520-280-4715

Non-Profit 501(c)3 Tax Exempt: EIN: 27-2363646

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