Arizona Department of Liquor Licenses and Control
https://www.azliquor.gov
(602) 542-5141

DLLC USE ONLY
Job #:
Date Accepted:
LC:
License #:

SPECIAL EVENT LICENSE

APPLICATION FEE $25.00 PER DAY

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

SECTION 1

Name of Non-Profit Organization, Candidate or Political Party: Good Oak LaCrosse

If the event will be held on an unlicensed premises, it MUST be approved and signed by the Local Governing Body Before submitting to the Arizona Department of Liquor.

LOCAL GOVERNING BODY

Date Received: _____

I, _____ _____ ☐ APPROVAL ☐ DISAPPROVAL
Government Official — Title

On behalf of _____ _____ _____
City, Town, County — Signature — Date

SECTION 2

Will the event be at a location with a current liquor license and within the approved and licensed area?

☐ Yes ☑ No

If yes, MUST attach a letter of explanation/permission from the licensed location and choose ONE option below.

Name of Licensed Location _____ **Liquor License Number** _____

☐ Suspend license for the duration of the Special Event; Licensee selling all alcohol without retailer involvement.

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

☐ 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 kept separate from any alcohol used during the special event.

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

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

Individuals requiring ADA accommodations please call (602)542-2999

SECTION 3

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: Lannon Daniel Joseph
   (Last / First / Middle)
2. Applicant's mailing address: 2447 E 7th St Tempe AZ 85281
   (Street / City / State / Zip)
3. Applicants home/cell phone: 480266774 Non-profit organization phone: 4802660774
4. Applicant's email address: liquorlicense@aazlic.com
5. Has the applicant been convicted of a felony, or had a liquor license revoked within the last five (5) years?
   ☐ **Yes (if yes, attach letter of explanation)** ☑ **No**
6. Name of non-profit organization: Good Oak LaCrosse
7. Non-Profit/IRS Tax Exempt Number: 84-3270740 **Required** Arizona Corporation Commission File #: **Required**
8. If Out Of State, specify State **(Attach letter of good standing):**
9. Special Event Name: Lax4Life
10. Event Location Name: Copper Sky Park
11. Event Address: 44345 W Bowlin Rd Maricopa AZ 85138

SECTION 4

Must list type of security and control measures will you take to prevent violations of liquor laws at this event.

Number of Police 1 Number of Security Personnel ☑ Fencing ☐ Barriers

Must explain security measures: Id's checked and wristbands issued to 21+. Event space will be enclosed with orange construction barriers and snow fence.

1. 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)

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

2. How many special event days have already been issued to this organization during the current year? 1

Licensed location 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.

Must attach a diagram of your special event showing the area where alcohol will be sold, served, and consumed. *Must include dimensions of event area, fencing, barricades, or other control measures, and positions of security personnel.*

ATTACH DIAGRAM

NO ALCOHOLIC BEVERAGES SHALL LEAVE A SPECIAL EVENT UNLESS THEY ARE IN SEALED CONTAINERS FOR AN AUCTION OR WINE/DISTILLED SPIRITS PULL, OR THE SPECIAL EVENT LICENSE IS STACKED WITH A WINE /CRAFT DISTILLERY FESTIVAL LICENSE.

SECTION 5

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

DAYS	DATE	DAY OF WEEK	EVENT START TIME AM/PM	EVENT END TIME AM/PM
DAY 1	12/20/25	Saturday	11am	5pm
DAY 2				
DAY 3				
DAY 4				
DAY 5				
DAY 6				
DAY 7				
DAY 8				
DAY 9				
DAY 10				

SECTION 6

3. **Is the Organization using the services of a DLLC approved Special Event Contractor from the list on our website?**

☐ **Yes** ☑ **No** If yes, please provide the Name of the Special Event Contractor: _____

Special Event Contractor Signature: _____

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 a special event contractor)

☐ **Yes** ☑ **No** if yes, Name of Licensee: _____ Liquor License #: _____

1. List the name of the Organization/individual that will receive revenues:
MUST EQUAL 100 PERCENT, APPLYING NON-PROFIT MUST RECEIVE A MINIMUM OF 25% OF THE PROCEEDS.

2. Name: Good Oak LaCrosse Percentage: 100%

Address: 2447 E 7th St Tempe AZ 85281
Street City State Zip

Name: _____ Percentage: _____

Address: _____
Street City State Zip

Please read A.R.S. § 4-203.02 and R19-1-205 Special event license rules and Requirements.

Declaration:

I, (Print Name) Daniel Joseph Lannon, declare under penalty of perjury that I am authorized to submit this application. I have read the contents and to the best of my knowledge believe all statements made on this application to be true, correct, and complete.

Signature: Dan Lannon

Individuals requiring ADA accommodations please call (602)542-2999

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

DEPARTMENT OF THE TREASURY

Date: OCT 23 2019

GOOD OAK LACROSSE
2447 E 7TH STREET
TEMPE, AZ 85281-0000

Employer Identification Number:
84-3270740
DLN:
26053688002869
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
May 31
Form 990-PF Required:
Yes
Effective Date of Exemption:
October 4, 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.

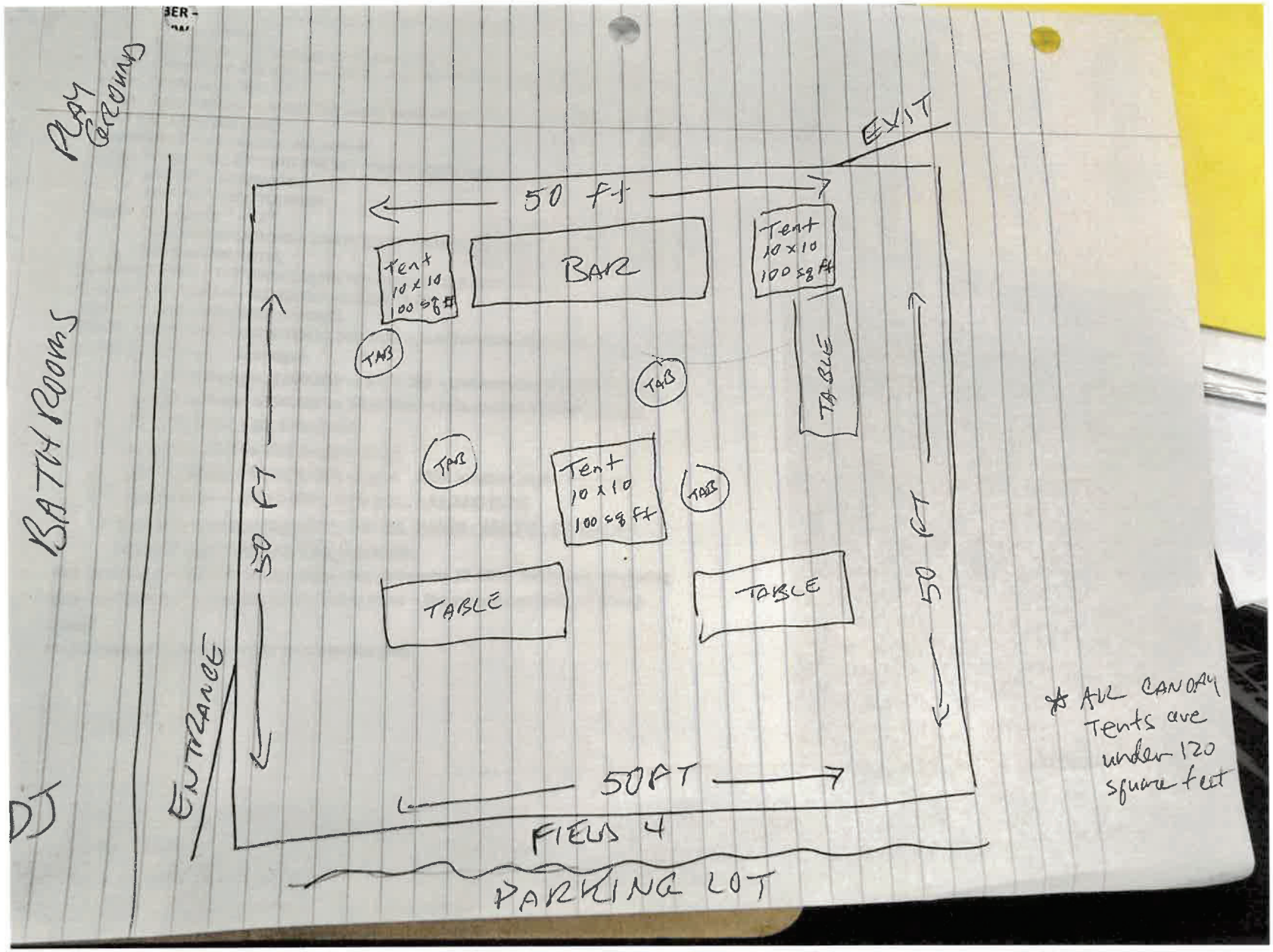
Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a private foundation within the meaning of Section 509(a).

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


PLAY GROUND
BATHROOMS
EXIT
50 ft
Tent 10 x 10 100 sq ft
BAR
Tent 10 x 10 100 sq ft
TABLE
TAB
TAB
TAB
Tent 10 x 10 100 sq ft
TAB
50 FT
50 FT
TABLE
TABLE
DJ
ENTRANCE
50FT
FIELD 4
PARKING LOT
* ALL CANOPY Tents are under 120 square feet