

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

SPECIAL EVENT LICENSE

APPLICATION FEE \$25.00 PER DAY

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

| - | ARIZONA | , a , a , a , a , a , a , a , a , a , a | | | | | | |
|---|--|---|--------------------------|--|--|--|--|--|
| MUST be submitted to the Department of Liquor 10 days prior to the event. | | | | | | | | |
| | MOST be submitted to the Department of Enquor | | | | | | | |
| | SECTION 1 | | | | | | | |
| Nar | 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 | | | | | | | | |
| Dot | te Received: | | | | | | | |
| Dat | e Received: | | | | | | | |
| 1, | Government Official | | ☐ APPROVAL ☐ DISAPPROVAL | | | | | |
| | Government Official | Title | | | | | | |
| On | behalf ofCity, Town, County | | | | | | | |
| | 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. | | | | | | | | |
| Nam | ne of Licensed Location | Liquor Lice | nse 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 | | | | | | | |

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

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.)

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 |
|---|
| 2. Applicant's mailing address: 2447 E 7th St Tempe AZ 85281 |
| 2. Applicant's mailing address: Street Gity 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 Arizona Corporation Commission File #: |
| Required 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 1Number 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. |
| How is this special event going to conduct all dispensing, serving, and selling of spirituous liquors? Check <u>one</u> 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 sel 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.



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 - <u>Days must be consecutive</u> and may not exceed 10 days per year.

| DAYS | DATE | DAY OF WEEK | TIME AM/PM | TIME AM/PM |
|------------------------|----------------------------------|--|----------------------------------|--|
| DAY 1 | 12/20/25 | Saturday | 11am | 5pm |
| DAY 2 | | | : x | * |
| DAY 3 | | | | - |
| DAY 4 | | | | |
| DAY 5 | | | | |
| DAY 6 | | | D | |
| DAY 7 | <u> </u> | | | 14 |
| DAY 8 | | | | |
| DAY 9 | | | | |
| DAY 10 | | | - | |
| | | SECTION | <u>6</u> | |
| 3. Is the Organization | on using the services of | f a DLLC approved Special E | vent Contractor from the | list on our website? |
| Yes √No If yes | s, please provide the Na | ame of the Special Event Co | ntractor: | |
| Special Event Con | tractor Signature: | | | - |
| | | of a series 6, 7, 11 , or 12 lic or 12 license are automatic | | |
| Yes ✓ No if yes | s, Name of Licensee: _ | | Liquor License #: | |
| | | vidual that will receive revo | | OF THE PROCEEDS. |
| 2. Name: Good | Oak LaCrosse | | Percentage: 100 | 0% |
| | E 7th St Tempe | | | |
| | reet | City | State Percentage: | Zip |
| Address: | | | | |
| - | reet ease read Δ R S . δ 4-20 | City 03.02 and R19-1-205 Specia | State al event license rules and | Zip Requirements. |
| | Cube redu Airio. 3 - E | 55.52 dila 1125 1 255 <u>specta</u> | | |
| authorized to si | Daniel Joseph | I have read the contents ar orrect, and complete. | | enalty of perjury that I am ledge believe all statements |
| | | | | |

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

OCT 2 3 2019

Date:

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

Employer Identification Number: 84-3270740 DLN: 26053688002869 Contact Person: ID# 31954 CUSTOMER SERVICE 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:

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.

No

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

