RESOLUTION 2014-086

A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF SIERRA VISTA, COCHISE COUNTY, ARIZONA; REAFFIRMING SETTLED POLICY BY RECOMMENDING APPROVAL FOR A SPECIAL EVENT LIQUOR LICENSE TO DEREK LEE MCKINLEY ON BEHALF OF THE DIRECTORATE OF FAMILY, MORALE, WELFARE, AND RECREATION (DFMWR), FOR A FAMILY FUN THEME EVENT FUNDRAISER BEING HELD SEPTEMBER 26 AND 27, 2015, TO THE STATE DEPARTMENT OF LIQUOR LICENSES AND CONTROL; AND AUTHORIZING AND DIRECTING THE CITY MANAGER, CITY CLERK, CITY ATTORNEY OR THEIR DULY AUTHORIZED OFFICERS AND AGENTS TO TAKE ALL STEPS NECESSARY TO CARRY OUT THE PURPOSES AND INTENT OF THIS RESOLUTION.

WHEREAS, an application for a special event liquor license for Mr. Derek Lee McKinley on behalf of the Directorate of Family, Morale, Welfare, and Recreation (DFMWR) for a family fun theme event fundraiser to be held on September 26 and 27, 2015, in Veterans' Memorial Park, has been received from the Arizona Department of Liquor Licenses and Control; and

WHEREAS, Section 4-203.02 of the Arizona Revised Statutes requires approval of the Sierra Vista City Council before the license will be considered; and

WHEREAS, it is a settled policy of the City Council that special event liquor licenses be recommended for approval if no objections are raised; and

WHEREAS, it is in the best interest of the citizens of Sierra Vista that this special event liquor license be approved.

NOW, THEREFORE, BE IT RESOLVED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF SIERRA VISTA, ARIZONA, AS FOLLOWS:

SECTION 1

That the settled policy for recommending approval for a special event liquor license, most recently affirmed is, and hereby is, reaffirmed.

SECTION 2

The City Council of the City of Sierra Vista recommends approval to the State Department of Liquor Licenses and Control of a special events liquor license for Mr. Derek Lee McKinley, applicant, on behalf of the Directorate of Family, Morale, Welfare, and Recreation (DFMWR).

SECTION 3

The City Manager, City Clerk, City Attorney, or their duly authorized officers and agents are hereby authorized and directed to take all steps necessary to carry out the purposes and intent of this resolution.

PASSED AND ADOPTED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF SIERRA VISTA, ARIZONA, THIS 27th DAY OF AUGUST 2015.

Frederick W. Mueller
Mayor

Approved as to Form:

Nathan J. Williams
~~Assistant~~ City Attorney

Attest:

Jill Adams
City Clerk

Prepared by:
Jill Adams, City Clerk

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

APPLICATION FOR SPECIAL EVENT LICENSE

Fee= $25.00 per day for 1-10 days (consecutive)

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 15).

SECTION 1 Name of Organization: DIRECTORATE OF FAMILY, MORAL, WELFARE AND RECREATION (DFMWR)

SECTION 2 Non-Profit/IRS Tax Exempt Number: 86-0101982

SECTION 3 The organization is a: (check one box only)

☐ Charitable (501.C) ☐ Fraternal (must have regular membership and have been in existence for over five (5) years)
☐ Religious ■ Civic (Rotary, College Scholarship) ☐ Political Party, Ballot Measure or Campaign Committee

SECTION 4 Will this event be held on a currently licensed premise and within the already approved premises?
☐ Yes ■ No

Name of Business	License Number	Phone (include Area Code)

SECTION 5 How is this special event going to conduct all dispensing, serving, and selling of spirituous liquors? Please read R-19-318 for explanation (look in special event planning guide) 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 not using retail license, submit a letter of agreement from the agent/owner of the licensed premise to suspend the license during the event. If the special event is only using a portion of premise, agent/owner will need to suspend that portion of the premise.)

SECTION 6 What is the purpose of this event? ■ On-site consumption ☐ Off-site (auction) ☐ Both

SECTION 7 Location of the Event: VETERANS MEMORIAL PARK

Address of Location: _____ SIERRA VISTA AZ/COCHISE 85635

Street | City | County/State | Zip

SECTION 8 Will this be stacked with a wine festival/craft distiller festival? ☐ Yes ■ No

SECTION 9 Applicant must be a member of the qualifying organization and authorized by an Officer, Director or Chairperson of the Organization named in Section 1. (Authorizing signature is required in Section 13.)

1. Applicant: MCKINLEY (Last) DEREK (First) LEE (Middle) 18 DEC 1980 (Date of Birth)

2. Applicant's mailing address: P.O. BOX 12100 (Street) FT. HUACHUCA (City) 85670 (State, Zip)

3. Applicant's home/cell phone: (520) 220-1321 Applicant's business phone: (520) 533-0226

4. Applicant's email address: derek.l.mckinley.naf@mail.mil

Individuals requiring ADA accommodations call (602)542-9027.

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 licenses have been issued to this location this year? 1
   (The number cannot exceed 12 events per year; exceptions under A.R.S. §4-203.02(D).)

3. Is the organization using the services of a promoter or other person to manage the event? ☐Yes ■No
   (If yes, attach a copy of the agreement.)

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 DIRECTORATE OF FAMILY, WELFARE AND RECREATION FUND Percentage 100

   Address BUILDING 22214 AUGAR AVE, FORT HUACHUCA ARIZONA 85670
   Street City State Zip

   Name _____ Percentage _____

   Address _____
   Street City State Zip

5. 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 SPECIAL EVENT UNLESS THEY ARE IN AUCTION SEALED CONTAINERS OR THE SPECIAL EVENT LICENSE IS STACKED WITH WINE /CRAFT DISTILLERY FESTIVAL LICENSE"

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.)

   14 Number of Police 15 Number of Security Personnel ■Fencing ■Barriers

   Explanation: _____

SECTION 11 Date(s) and Hours of Event. May not exceed 10 consecutive days.
See A.R.S. §4-244(15) and (17) for legal hours of service.

	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM
DAY 1:	09/26/2015	FRIDAY	1600	2300
DAY 2:	09/27/2015	SATURDAY	1200	2300
DAY 3:				
DAY 4:				
DAY 5:				
DAY 6:				
DAY 7:				
DAY 8:				
DAY 9:				
DAY 10:				

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SECTION 12 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. The following space is to be used to prepare a diagram of your special event licensed premises. Please show dimensions, serving areas, fencing, barricades, or other control measures and security position.

N↑

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SECTION 13 This section is to be completed only by an Officer, Director or Chairperson of the organization named in Section 1.

I, JAMES THOMAS (Print full name) declare that I am an OFFICER, DIRECTOR, or CHAIRPERSON appointing the applicant listed in Section 9, to apply on behalf of the foregoing organization for a Special Event Liquor License.

X _____ (Signature) Special Events Dir (Title/ Position) 7 Aug 15 (Date) 266-0254 (Phone #)

The foregoing instrument was acknowledged before me this 7th (Day) August (Month) 2015 (Year)

State Arizona County of Cochise

My Commission Expires on: 08/11/2018 (Date) _____ (Signature of Notary Public)

ANDREA L. LARA
Notary Public - State of Arizona
COCHISE COUNTY
My Commission Expires
August 11, 2018

SECTION 14 This section is to be completed only by the applicant named in Section 9.

I, DEREK MCKINLEY (Print full name) declare that I am the APPLICANT filing this application as listed in Section 9. I have read the application and the contents and all statements are true, correct and complete.

X _____ (Signature) BUSINESS MANAGER (Title/ Position) 7 AUG 2015 (Date) 520-220-1321 (Phone #)

The foregoing instrument was acknowledged before me this 7th (Day) August (Month) 2015 (Year)

State Arizona County of Cochise

My Commission Expires on: 08/11/2018 (Date) _____ (Signature of Notary Public)

ANDREA L. LARA
Notary Public - State of Arizona
COCHISE COUNTY
My Commission Expires
August 11, 2018

The local governing body may require additional applications to be completed and submitted. Please check with local government as to how far in advance they require these applications to be submitted. Additional licensing fees may also be required before approval may be granted. For more information, please contact your local jurisdiction: http://www.azliquor.gov/assets/documents/homepage_docs/spec_event_links.pdf.

SECTION 15 Local Governing Body Approval Section

I, M Adams (government official) City Clerk (Title) recommend ☒ APPROVAL ☐ DISAPPROVAL

on behalf of Sierra Vista (City, Town, County) _____ (Signature) 8/27/15 (Date) 520-458-3315 (Phone)

FOR DEPARTMENT OF LIQUOR LICENSES AND CONTROL USE ONLY

☐ APPROVAL ☐ DISAPPROVAL BY: _____ DATE: _____

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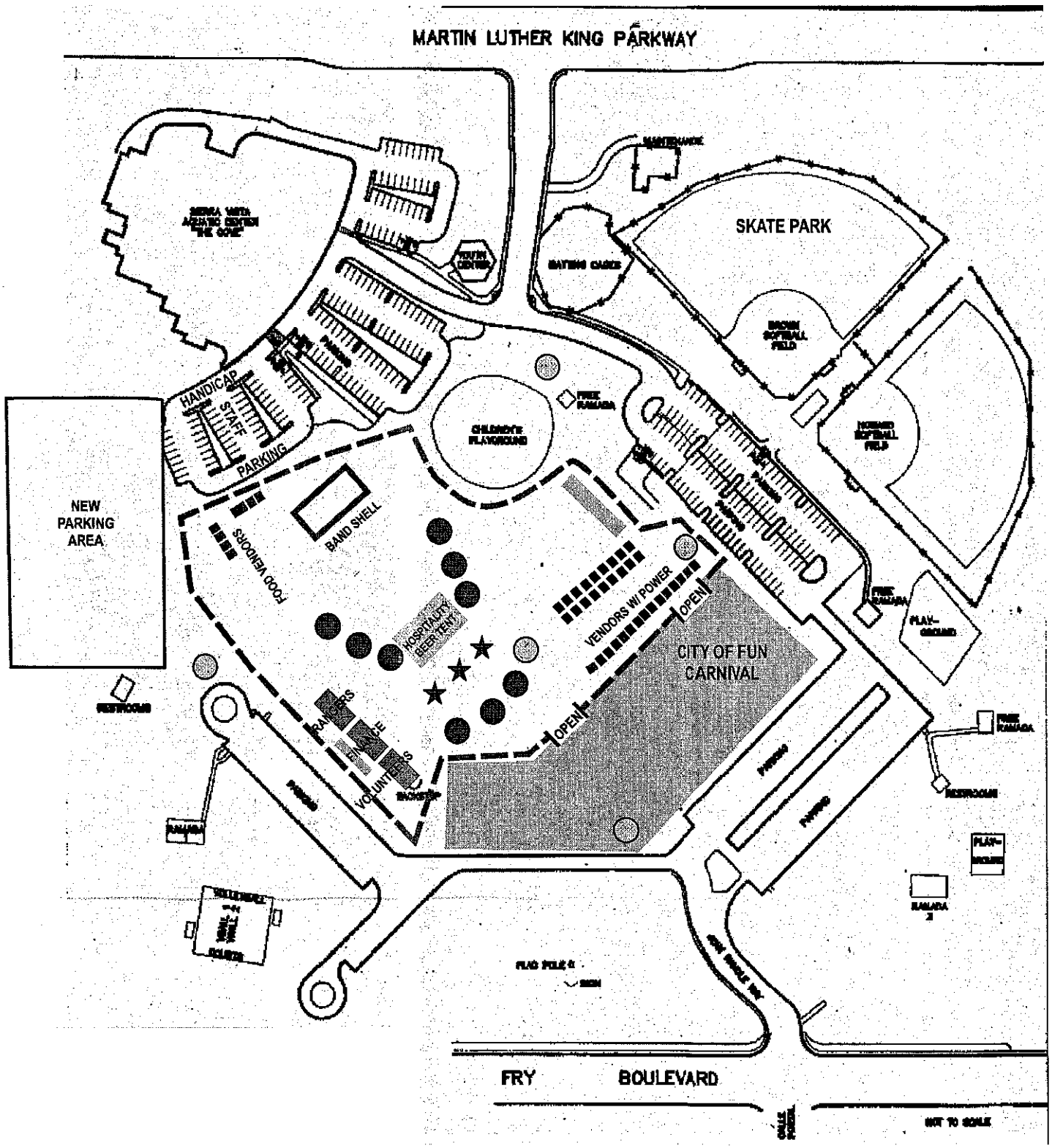

LIGHT

CANOPY

TRAILER

PORTA POTS

POWER BOX

SPONSOR CANOPY

FENCE

U.S. ARMY MWR