#### **DOLCE VITS RESIDENT BINGO**

Dolce Vita Resident Bingo is a group of residents of Dolce Vita, a 55+ manufactured home park located at 3301 S. Goldfield Rd., Apache Junction, AZ 85119. We are applying for a Class A Bingo license to conduct a recreational Bingo game for residents and their guests. The games will not be open to the public.

Based on resident accounts, the previous owners of Dolce Vita (the Thompsons) received a Bingo license in 2009. The residents were not involved in the licensing process at the time or in the filing of annual reports since then. When the Thompsons sold Dolce Vita to Northwestern Mutual Life / Murex in 2015 it appears that all reference to the Bingo license was lost. Northwestern Mutual Life / Murex sold the property to ELS in Dec 2020. ELS is the current owner but will not be involved in the games. The games were conducted according to state laws, but the reporting requirements have not been followed since at least 2015. The operation of the games would not have resulted in any taxable income over this period since the cost of supplies was covered using a separate 50/50 game. Based on this we are assuming that the previous license is no longer valid, so we are applying for a new license.

Games will be run twice per month at 6:00 p.m. on Sunday evenings. All proceeds from the sale of cards will be distributed to winners each week with a limited amount, estimated at \$20-30 per session withheld to pay for supplies in order to eliminate the 50/50 game. Each session will consist of 10 games of various designs at a cost of \$1.00 per game and a final coverall game at a cost of \$5.00. Each participant will be playing 3 cards per game.

Richard Cantwell

Manager – Dolce Vita Resident Bingo

480-772-0096

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## **Application for Bingo License**

- Type or print in black ink and complete all information requested on this form. If you do not, your application will be returned. All information is subject to verification. If you need more space, attach additional sheets.
- · All bingo licenses expire one year from the date of issue. To continue conducting live bingo games, you must renew your license

plicant's Name Nice Vita Resident Bing iiling Address	0			Falsific	ation of	155 - Victoria di proposissi di santani
niling Address	0					100000000000000000000000000000000000000
niling Address				34 10 (36 4) WO (40 mill)		To One (Commences) in occurrent
				ESSENCE STREET		is application
01 S. Goldfield Lot 50	79			constit	utes a Cla	ss 6 felony.
у		State ZIP	Code		SE ONLY. DO NO	OT MARK IN THIS AREA.
ache Junction		AZ 85	19	88		
ministrative Office Location				11		
01 S. Goldfield Lot 50	79			Ш		
у		State ZIP	Code	11		
ache Junction				Ш		
me of Contact Person		4b Telephone	No.	11		
chard Cantwell		(480) 772-	0096			
mail Address		4c Fax No.		81 PM		80 RCVD
well1013@aol.com						
organization:  Charitable  Fratemal	Social Volunteer Fire Dep		_			Ambulance Service
Class B and Class C lic	ense applicants only a	applying as a	qualified organiza	tion, <i>provide</i>	parent or as	xiliary information:
6a Parent Name			6b Auxiliary Name		_	
Address - Number and Stre	et, Rural Rt., Apt. No.		Address - Number	and Street, Ru	ral Rt., Apt. No	•
City	State ZIP C	ode	City		State	ZIP Code
		applying as	a qualified organi	zation, <i>list th</i>	e current o	fficers or Board of
Title	**************************************		Title			
Address – Number and Stre	et, Rural Rt., Apt. No.		Address – Number	and Street, Rui	ral Rt., Apt. No	,
City	State ZIP C	ode	City		State	ZIP Code
7c Name			7d Name			
Title			Title			
Address - Number and Stre	et, Rural Rt., Apt. No.		Address - Number	and Street, Ru	ral Rt., Apt. No	
City	State ZIP C	code	City		State	ZIP Code
Class B and Class C lice Checking Account Number	ense applicants only: B Bank Name	lingo <u>checkin</u>	account informat	on: Bank Branch		
	me of Contact Person Chard Cantwell mail Address well 1013@aol.com  Class B and Class C lice organization: Charitable Fraternal  Class B and Class C lice 6a Parent Name  Address – Number and Stree  City  Class B and Class C lice Directors of the organization  Title  Address – Number and Stree  City  To Name  Title  Address – Number and Stree  City  Class B and Class C lice  City	me of Contact Person Chard Cantwell nail Address well 1013@aol.com  Class B and Class C license applicants only: organization:  Charitable Social Fratemal Volunteer Fire Dep Class B and Class C license applicants only a 6a Parent Name  Address – Number and Street, Rural Rt., Apt. No.  City State ZIP C  Class B and Class C license applicants only Directors of the organization:  7a Name  Title  Address – Number and Street, Rural Rt., Apt. No.  City State ZIP C  Class B and Class C license applicants only Directors of the organization:  Title  Address – Number and Street, Rural Rt., Apt. No.  City State ZIP C  Class B and Class C license applicants only:  B State ZIP C  Class B and Class C license applicants only:  Class B and Class C license applicants only:  Class B and Class C license applicants only:	the of Contact Person chard Cantwell (480) 772-1 mail Address well 1013@aol.com  Class B and Class C license applicants only: If applying a organization:  Charitable Social Soci	the of Contact Person Chard Cantwell (480) 772-0096	The of Contact Person	Ab Telephone No.   (480) 772-0096   (480) 772-0096     (480) 772-0096   (480) 772-0096     (480) 772-0096     (480) 772-0096     (480) 772-0096     (480) 772-0096     (480) 772-0096     (480) 772-0096

Annl	icant's Name (as shown on page 1)					1111		
	e Vita Resident Bingo					Ac	IDI ICATION EOD	BINGO LICENSE
JUIL	e vita Resident bingo					PAT	PLICATIONFOR	BINGO LICENSE
9	Class B and Class C license app	olicants only: Bingo	interest-b	earing ac	count infor	mation:		
_	Account Number	Bank Name				ank Brar	nch	
						· · ·		
10	Class B and Class C license app							from the accounts
	listed above. If applying as a qual	ified organization, all	supervis			ers of th	ne applicant:	
	10a Name			10b Name	9			
	Title		-	Title				
	ine			I IIIIC				
11	List the name(s) of the one or tw	o persons who will s	erve as n	nanagers.	If applyin	g as a	qualified organizat	ion, these persons
	must be members of the applicar	nt. Each person must	submit a	n affidavit.	•			
	11a Name			11b Name	9			
	Richard Cantwell							
	Title			Title				
	Manager							
12	List the name of the one person de	esignated as proceed	s coordina	ator If an	nlvina as a	qualifie	ed organization thi	s nerson must he
-	an officer or director and a mem							o porocir illast be
	Name			Title				
	Paige Cantwell			Proceed	ls Coordin	ator		
						_		
13	List the name(s) of the person(s)						_	•
	member of the applicant. Each po	erson must submit an	affidavīt.	If addition		are requ	uired, please attaci	n affidavits.
	Mary Stewart			Linda Estilow				
	Supervisor			Supervisor				
				Оароли	<del>.</del>			
14	List the name(s) of the person(s)							
	member or new member of the a	pplicant. Except for *	Class A" I	icensees,	each pers	on musi	t submit an affidavi	īt.
	14a Name			14b Name	3			
	Ken Erdman			Lynn Erdman				
	14c Name			14d Name				
15	Street address of the PHYSICAL	location where live bi	ngo will be	e played:				
				······································				
16	Games of Bingo must not excee							
	SUN MON	TUE	Wi	ED	THU	R	FRI	SAT
	□a.m. □a.			□a.m.		□a.m.	□a.m.	□a.m.
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	□a.m. □a.	m. <b>a</b> .m.		□a.m.		□a.m.	□a.m.	□a.ı

Continued on page 3 →

ADOR 10334 (2/20)

plicant's	Name (as shown on page 1)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
olce Vit	a Resident Bingo		APPLICATION FOR	R BINGO LICENS
	ate the type of premises where bingo will be pla			
a <u>P</u>	reliner rent nor mongage will be paid from b	ingo lunas.		
b [	Rented or leased. Attach rental affidavit and			
	Landlord's Name	Address - Number	r and Street, Rural Rt., Apt. No	).
	Telephone Number (with area code)	City	State	ZIP Code
c [	Owned solely by the organization. Attach solely other related document:	copy of mortgage, deed of trust	, purchase agreement, es	crow agreement,
	Holder of Mortgage	Address - Number	r and Street, Rural Rt., Apt. No	).
	Telephone Number (with area code)	City	State	ZIP Code
d E	Owned jointly with other organization. Attack	h <u>copy</u> of mortgage, deed of trus	st, purchase agreement, es	crow agreement,
d E			st, purchase agreement, es	
d E	other related document:			
d E	other related document:  1) Holder of Mortgage	Address – Number	r and Street, Rural Rt., Apt. No	ZIP Code
d E	other related document:  1) Holder of Mortgage Telephone Number (with area code)  2) Co-Owner Holder: Telephone Number (with area code)	Address – Number	r and Street, Rural Rt., Apt. No State	ZIP Code
d E	other related document:  1) Holder of Mortgage Telephone Number (with area code)  2) Co-Owner Holder:	Address - Number City Address - Number City	r and Street, Rural Rt., Apt. No State r and Street, Rural Rt., Apt. No	ZiP Code  ZiP Code
d E	other related document:  1) Holder of Mortgage Telephone Number (with area code)  2) Co-Owner Holder: Telephone Number (with area code)	Address - Number City Address - Number City	r and Street, Rural Rt., Apt. No State r and Street, Rural Rt., Apt. No State	ZiP Code  ZiP Code
3 List b	other related document:  1) Holder of Mortgage  Telephone Number (with area code)  2) Co-Owner Holder:  Telephone Number (with area code)  3) Co-Owner Holder:	Address - Number City Address - Number City Address - Number City City	r and Street, Rural Rt., Apt. No. State r and Street, Rural Rt., Apt. No. State r and Street, Rural Rt., Apt. No. State	ZiP Code  ZiP Code  ZiP Code
3 List b	other related document:  1) Holder of Mortgage Telephone Number (with area code)  2) Co-Owner Holder: Telephone Number (with area code)  3) Co-Owner Holder: Telephone Number (with area code)  bingo licensees who are or will be conducting	Address - Number City Address - Number City Address - Number City City	r and Street, Rural Rt., Apt. No. State r and Street, Rural Rt., Apt. No. State r and Street, Rural Rt., Apt. No. State	ZiP Code  ZiP Code  ZiP Code
3 List b feet o	other related document:  1) Holder of Mortgage Telephone Number (with area code)  2) Co-Owner Holder: Telephone Number (with area code)  3) Co-Owner Holder: Telephone Number (with area code)  bingo licensees who are or will be conducting of your premises:	Address – Number City Address – Number City Address – Number City bingo in the same premises as	r and Street, Rural Rt., Apt. No. State r and Street, Rural Rt., Apt. No. State r and Street, Rural Rt., Apt. No. State	ZiP Code  ZiP Code  ZiP Code

Continued on page 4 →

ADOR 10334 (2/20)



	it's Name (as shown /ita Resident Bir				APPLICATION FOI	R BINGO LICEN
	pected bingo expe	_				
,^	hacrag pingo axbi					
a	Mortgage:	\$ 0.00	per month			
	Payable to			Address - Number	er and Street, Rural Rt., Apt. N	0.
	Telephone numbe	r (with area code)		City	State	ZIP Code
b	Rent:	\$ <u>.0.00</u>	per 🗍 month	hour ccasio	on.	
	Payable to			Address – Numbe	er and Street, Rural Rt., Apt. N	0.
	Telephone numbe	r (with area code)		City	State	ZIP Code
c	Janitorial Service	es: \$ <u>0.00</u>	per 🗖 month	hour occasio	on er and Street, Rural Rt., Apt. No	0.
	Tolont on a number	r (with area code)		City	State	ZIP Code
	relephone numbe	(with area code)		Gity	Gate	4,11 0,000
d	Accounting Servi		per 🗖 month	☐ hour ☐ occasio		
d	Accounting Servi	ices: \$0.00	per	☐ hour ☐ occasio	n	
d	Accounting Servi Payable to Telephone number	r (with area code)		hour occasio Address - Number	n er and Street, Rural Rt., Apt. No State	D.
	Accounting Servi	r (with area code)		hour occasio Address Number City	n er and Street, Rural Rt., Apt. No State	o. ZIP Code
	Accounting Services  Payable to  Telephone number  Security Services	ices: \$ 0.00  r (with area code)  s: \$ 0.00		hour occasio Address Number City	on er and Street, Rural Rt., Apt. No State	o. ZIP Code
	Accounting Services Payable to Telephone number Security Services Payable to Telephone number	r (with area code) s: \$0.00 r (with area code)		hour occasio Address - Number City hour occasio Address - Number	on er and Street, Rural Rt., Apt. No State on er and Street, Rural Rt., Apt. No	ZIP Code
	Accounting Services Payable to Telephone number Security Services Payable to Telephone number	ices: \$ 0.00  r (with area code)  s: \$ 0.00		hour occasio Address Number City hour occasio Address Number City	er and Street, Rural Rt., Apt. No. State on er and Street, Rural Rt., Apt. No. State	zIP Code
е	Accounting Servi Payable to Telephone number Security Services Payable to Telephone number Bingo Supplies: Payable to	r (with area code) s: \$0.00 r (with area code)	per 🗖 month	hour occasio Address - Number City hour occasio Address - Number City  Address - Number	on er and Street, Rural Rt., Apt. No State on er and Street, Rural Rt., Apt. No State	zIP Code
е	Accounting Services Payable to Telephone number Security Services Payable to Telephone number	r (with area code) s: \$,0.00 r (with area code)	per 🗖 month	hour occasio Address Number City hour occasio Address Number City	on er and Street, Rural Rt., Apt. No State on er and Street, Rural Rt., Apt. No State	zIP Code
е	Accounting Servi Payable to Telephone number Security Services Payable to Telephone number Bingo Supplies: Payable to Allied Bingo	r (with area code)  s: \$0.00  r (with area code)  s, 500,00	per 🗖 month	hour occasio Address - Number City  hour occasio Address - Number City  Address - Number 2150 NW 33rd	State	ZIP Code  ZIP Code
e	Accounting Servi Payable to Telephone number Security Services Payable to Telephone number Bingo Supplies: Payable to Allied Bingo Telephone number (954) 532-5098	ices: \$0.00  r (with area code)  s: \$0.00  r (with area code)  \$500,00	per month	hour occasio Address - Number City  hour occasio Address - Number City  Address - Number City  Address - Number 2150 NW 33rd City Pompano Bear	State	ZIP Code  ZIP Code  ZIP Code  33069
e f	Accounting Services Payable to Telephone number Security Services Payable to Telephone number Bingo Supplies: Payable to Allied Bingo Telephone number (954) 532-5098	r (with area code) s: \$,0.00 r (with area code) \$,500,00 r (with area code) 8 go supplier? (For all	per month peryear bingo supplies). Do	hour occasio Address - Number City  hour occasio Address - Number City  Address - Number City  Address - Number 2150 NW 33rd City Pompano Bear	State State State  State  on  Fr and Street, Rural Rt., Apt. No.  State  State  State  State  State  State  State  State  State	ZIP Code  ZIP Code  ZIP Code  33069

Continued on page 5 →

Applicant's Name (as shown on page	1)			
Dolce Vita Resident Bingo			APPLICAT	ION FOR BINGO LICENSE
I, Richard Cantwell and file this application. I hereby all information provided has been	y swear or confirm n fully, accurately		ing application and know the best of my knowledge	ne contents thereof and that
APPLICANT'S SIGNATURE	fl. Jour	DATE MANAGE TITLE	jer	
		Please mail to: izona Department of Re V Monroe Street, Divisio Phoenix, AZ 85007		
		<b>1</b> (602) 716-7801		
	REVENU	E USE ONLY, DO NOT MARK I	N THIS AREA.	
☐ Approved ☐ Di	sapproved	Class A License	Class B License	Class C License
Reviewer's Name (please print)	Date	License Number	Effective Date	Expiration Date

Arizona Form 830		Affidavit		Bingo
This affidavit must be completed by each per affidavit will be returned to you. All informati may be used to establish positive identification	on is subject to verifi	cation. Disclosure of your Soci	ial Security Number (S	SSN) is voluntary. This information
Licensee's Name			License Numbe	г
Dolce Vita Resident Bingo				
Position (check the appropriate boxes):				
Manager Supervisor Proceed	Coordinator A	ssistant	REVENUE USE C	INLY. DO NOT MARK IN THIS AREA,
Affiant's Name			_  <sup> 22</sup>	
Richard Cantwell				
Social Security Number	Date of Birth			
328-46-9926	051111	9 5 1		
Address				
3301 S. Goldfield Rd. #5079			]]	
City	State	ZIP Code		
Apache Junction	AZ	85119	81 PM	BO RCVD
Home Phone No. (with area code)	Work Phone No	. (with area code)		
(408) 772-0096				
If licensee is a qualified organization,	, complete the fo	llowing section:		
Member?	Date Joined Or	ganization		
☐ Yes ☐ No	MAMBOY	VV Y		
Officers?	Officer Title			
Yes No				
Do you have an affidavit on file for any other				
Yes No If "Yes", list license r	number(s):	=		
I, Richard Cantwell		_, the above-named affiant	t, under penalty of	perjury, upon oath, depose
and say that I will conduct or assist in	n conducting all bi	ngo games in compliance y	with the terms of th	e license Arizona Revised
Statutes, Title 5, Chapter 4, and the rul	les of the licensing	authority. I am of good mo	ral character and h	ave never been convicted of
any misdemeanor involving moral tur	pitude or felony.	have not and shall not rec	eive any reward, co	mpensation or recompense
for my participation in the conduct o	f hinoo games exc	cent as provided for by lay	v I hereby swear	or confirm that I have read
and understand the foregoing and ver	nty that the inform	nation and statements made	e herein are true an	d correct to the best of my
knowledge.				
		1	$\sim$	ŀ
		K.1.11		-
		Signature of Affiant	eury	
		Signature of Affiant  02/27/20		j
			223	
		Date		
		Please mail to:		
		Department of Revenue		
	1600 W Monr	oe Street, Division Cod	le 22	

Phoenix, AZ 85007

(602) 716-7801

Arizona Forn	ľ
830	

**Bingo** 

This affidavit must be completed by each person who wishes to assist in the conduct of any game of bingo. If any information is blank or incorrect, the affidavit will be returned to you. All information is subject to verification. Disclosure of your Social Security Number (SSN) is voluntary. This information may be used to establish positive identification for purposes of criminal background checks pursuant to A.R.S. § 5-404.

may be used to establish positive identifica	tion for purposes of crit	minal background checks pur	quant to A.R.S. § 5-404.		
Licensee's Name	Licensee's Name				
Dolce Vita Resident Bingo					
Position (check the appropriate boxes):			The state of the s		
☐ Manager ☐ Supervisor ☑ Proceed Coordinator ☐ Assistant			REVENUE USE ONLY. DO NOT MARK IN THIS AREA.		
Affiant's Name					
			il.		
Paige Cantwell Social Security Number	Date of Birth		<del> </del>		
N -	1	0.50	il.		
304-56-8759 Address	09141	9 3 3			
3301 S, Goldfield Rd, #5079			ll.		
City	State	ZIP Code	<del></del>  [		
Apache Junction	AZ	B5119	B1 PM 80 RCVD		
Home Phone No. (with area code)		DO ( ivitin area code)			
(219) 641-1849					
If licensee is a qualified organization	on, complete the fo	Mowing section:			
Member?	Date Joined O	rganization			
☐ Yes ☐ No	MAGDY	YYV			
Officers?	Officer Title				
☐ Yes ☐ No					
Do you have an affidavit on file for any oth	er licensee?				
☐ Yes ☐ No If "Yes", list licens	e number(s):	<u> </u>			
I, Paige Cantwell		the above-named affiz	int, under penalty of perjury, upon oath, depose		
AFFIANT'S NAM	_	_			
and say that I will conduct or assis	t in conducting all o	ingo games in compliance	e with the terms of the license, Arizona Revised		
Statutes, Title 5, Chapter 4, and the	rules of the licensing	authority. I am of good n	noral character and have never been convicted of		
any misdemeanor involving moral	turpitude or felony.	I have not and shall not re	ceive any reward, compensation or recompense		
for my participation in the conduc	t of hingo games ex	cent as provided for by k	aw. I hereby swear or confirm that I have read		
- <del>-</del> -			• 1.		
	verify that the inform	nation and statements ma	de herein are true and correct to the best of my		
knowledge.					
		Puge a	strell		
		5/27/23 Dates			

Please mail to:
Arizona Department of Revenue
1600 W Monroe Street, Division Code 22
Phoenix, AZ 85007

Arizona Form	
830	

**Bingo** 

This affidavit must be completed by each person who wishes to assist in the conduct of any game of bingo. If any information is blank or incorrect, the affidavit will be returned to you. All information is subject to verification. Disclosure of your Social Security Number (SSN) is voluntary. This information may be used to establish positive identification for purposes of criminal background checks pursuant to A.R.S. § 5-404.

may be used to establish positive identification for	barboses of cultural par	diground checks pursuant	DARS. § 5-404.	
Licensee's Name	License Number			
Dolce Vita Resident Bingo Position (check the appropriate boxes):				
☐ Manager	REVENUE USE ONLY. DO NO	OT MARK IN THIS AREA.		
Affiant's Name				
Mary A Stewart				
Social Security Number				
320-52-7863 Address	02061960			
3301 S Goldfield Rd #5031		1		
City	State	ZIP Code		
Apache Junction	AZ	B5119	81 PM	80 RCVD
Home Phone No. (with area code)	Work Phone No. (with an	ea code)		
479-490-6975	NA.			1
If licensee is a qualified organization, co	mplete the following	section:		
Member?	Date Joined Organizati	on	]	
Yes No	111		ļ	
Officers?	Officer Title			
Yes No Do you have an affidavit on file for any other licen	See?			
☐ Yes ☐ No If "Yes", list license num				
I, Mary A Stewart	, the a	bove-named affiant, ur	nder penalty of perjury, u	pon oath, depose
and say that I will conduct or assist in co	nducting all bingo ga	mes in compliance with	the terms of the license,	Arizona Revised
Statutes, Title 5, Chapter 4, and the rules of	f the licensing authori	tv. I am of good moral o	character and have never	been convicted of
any misdemeanor involving moral turpitu	_	•		
for my participation in the conduct of bi	ngo games except as	provided for by law. I	hereby swear or confirm	a that I have read
and understand the foregoing and verify	that the information a	nd statements made he	rein are true and correct	to the best of my
knowledge.				_
		n De	~, <u> </u>	
	Signa	ature of Affigur	2025	
	Date	Feb 27,	2025	
F., -	Diagon	mail to:		
>0 -:		mail to: ment of Revenue		( = I
1		eet. Division Code 2	2	W

Phoenix, AZ 85007 22 (602) 716-7801

Arizona Form	
830	

Bingo

This affidavit must be completed by each person who wishes to assist in the conduct of any game of bingo. If any information is blank or incorrect, the affidavit will be returned to you. All information is subject to verification. Disclosure of your Social Security Number (SSN) is voluntary. This information may be used to establish positive identification for purposes of criminal background checks pursuant to A.R.S. § 5-404.

may be used to establish positive identification for	purposes of criminal background checks pursuant		ikary. Trus unormacon	
Licensee's Name		License Number		
Dolce Vita Resident Bingo				
Position (check the appropriate boxes):				
☐ Manager		REVENUE USE ONLY, DO NOT MARK IN THIS AREA.		
Affiant's Name Linda A. E	Stilow			
Social Security Number 172 4 6 5 H 10	Date of Birth 10 17 1955			
Address 3301 S. Gold Field	5			
Hache Jct	State A 2   ZIP Code   85/19	81 PM	80 RCVD	
Home Phone No. (with area code) 609-220-9641	Work Phone No. (with area code)			
If licensee is a qualified organization, cor	nplete the following section:			
Member?	Date Joined Organization	]		
☐ Yes ☐ No	MMODYYYY			
Officers?	Officer Title			
☐ Yes ☐ No				
Do you have an affidavit on file for any other licens	see?			
Yes No If "Yes", list license numb	per(s):	_		
1, Linda A Estil	0 W , the above-named affiant, u	nder penalty of perjury, u	pon oath, depose	
and say that I will conduct or assist in con	nducting all bingo games in compliance with	the terms of the license,	Arizona Revised	
Statutes, Title 5, Chapter 4, and the rules of the licensing authority. I am of good moral character and have never been convicted of				
any misdemeanor involving moral turpitude or felony. I have not and shall not receive any reward, compensation or recompense				
for my participation in the conduct of bingo games except as provided for by law. I hereby swear or confirm that I have read				
and understand the foregoing and verify that the information and statements made herein are true and correct to the best of my				
knowledge.	Avida a	Estilow	•	
Signature of Affiant $2/27/2023$				
	$\frac{2/27/6}{Date}$	2023		

Please mail to:

Arizona Department of Revenue 1600 W Monroe Street, Division Code 22 Phoenix, AZ 85007

# Arizona Form 830

### **Affidavit**



This affidavit must be completed by each person who wishes to assist in the conduct of any game of bingo. If any information is blank or incorrect, the affidavit will be returned to you. All information is subject to verification. Disclosure of your Social Security Number (SSN) is voluntary. This information may be used to establish positive identification for purposes of criminal background checks our suant to A.R.S. & 5-404.

	barbase of cumulat paraboning clienz baransus				
Licensee's Name		License Number			
Dolce Vita Resident Bingo		M-41-40-66-66-66-66-66-66-66-66-66-66-66-66-66			
Position (check the appropriate boxes):					
☐ Manager ☐ Supervisor ☐ Proceed Co	ordinator X Assistant	REVENUE USE ONLY. DO NOT MARK IN THIS AREA.			
Affiant's Name	,	if			
KENNETH F. ERDMA	N ==				
Social Security Number	Date of Birth				
387-46-6839	10-04-1946	<b> </b> }			
Addes					
3301 6. GOLD FIELD RD. +	4084 State 719 Code	i <b>l</b>			
City	State ZIP Code				
APACHE JUDITION	ARIZONA 85119	81 PM 80 RCVD			
Home Phone No. (with area code)	Work Phone No. (with area code)	01			
480-474-2470	RETIRED				
770 417 27 10	(AC)/AC(-1)				
If licensee is a qualified organization, co	mplete the following section:				
Member?	Date Joined Organization	7			
Yes No	MMDDYYYY				
Officers?	Officer Title	7			
☐ Yes ☐ No					
Do you have an affidavit on file for any other licen	see?	1			
Yes No If "Yes", list license num		2			
and say that I will conduct or assist in co Statutes, Title 5, Chapter 4, and the rules of any misdemeanor involving moral turpitu for my participation in the conduct of bit	, the above-named affiant, unducting all bingo games in compliance with of the licensing authority. I am of good moral de or felony. I have not and shall not receive ago games except as provided for by law. I that the information and statements made be signature of Affiant	the terms of the license, Arizona Revised character and have never been convicted of e any reward, compensation or recompense hereby swear or confirm that I have read the rein are true and correct to the best of my			
	25 FESRUARY Date	2029			

Please mail to:
Arizona Department of Revenue
1600 W Monroe Street, Division Code 22
Phoenix, AZ 85007

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Eine:

This affidavit must be completed by each person who wishes to assist in the conduct of any game of bingo. If any information is blank or incorrect, the affidavit will be returned to you. All information is subject to verification. Disclosure of your Social Security Number (SSN) is voluntary. This information may be used to establish positive identification for purposes of criminal background checks pursuant to A.R.S., § 5-404.

	for purposes of criminal background checks pursu	ant to A.R.S. § 5-404.			
Licensee's Name	Licensee's Name				
Dolce Vita Resident Bingo					
Position (check the appropriate boxes):					
☐ Manager ☐ Supervisor ☐ Proceed	Coordinator & Assistant	REVENUE USE ONLY. DO NOT MARK IN THIS AREA.			
Affiant's Name Lynn Kurt Era	dman				
Afficient's Name  Lynn Kurt Erg  Social Security Number  396-54-7859	Date of Birth  MMDDDYYYY				
33015. Goldfiel	d Rd # 4084				
Apache Junction	State AZ ZIP Code 85119	E1 PM 80 RCVD			
Home Phone No. (with area code) 480 · 474 · 24-70	Work Phone No. (with area code)				
If licensee is a qualified organization,	complete the following section:	1427 20000 - 1			
Member?	Date Joined Organization				
☐ Yes ☐ No	MMDDYYYY				
Officers?	Officer Title				
Yes No					
Do you have an affidavit on file for any other ling Yes   No  if "Yes", list license no					
Lynn Kurt E	rdman the shove-named afficient	, under penalty of perjury, upon oath, depose			
and say that I will conduct or assist in	conducting all hings comes in compliance a	vith the terms of the license, Arizona Revised			
Statutes, Title 5, Chapter 4, and the rules of the licensing authority. I am of good moral character and have never been convicted of					
any misdemeanor involving moral turpitude or felony. I have not and shall not receive any reward, compensation or recompense					
for my participation in the conduct of bingo games except as provided for by law. I hereby swear or confirm that I have read					
and understand the foregoing and verify that the information and statements made herein are true and correct to the best of my knowledge.					
knowiedge.					
Lynn Kart Erdman Signatup of Affiant					
02/27/2023 Date					
<del></del>					

Please mail to:
Arizona Department of Revenue
1600 W Monroe Street, Division Code 22
Phoenix, AZ 85007

**Endorsement by Local Governing Body** Arizona Form 832 Bingo FOR OFFICIAL USE ONLY PURSUANT TO A.R.S. § 5-404.A License Applicants: Complete lines 2, 3, and 4. Submit with entire license package to local governing body. Local Governing Body: Complete and return with license package to the Department of Revenue Bingo Section. A.R.S. §§ 5-409 and 5-410 Date License Number ■ New Application ☐ Change of Location From (Name of local governing body) REVENUE USE ONLY, DO NOT MARK IN THIS AREA. Address (number and street, PO Box) State ZIP Code Phone No. (with area code) 81 PM 80 RCVD This is to certify that on L a hearing was conducted pursuant to Arizona Revised Statute, Title 5. Chapter 4, in the matter of: Application for a bingo license by the following applicant. Application for a bingo license location transfer. 2 Applicant's Name Dolce Vita Resident Bingo 3 Location/Address where live bingo will be conducted: ZIP Code State 85119 3301 S. Goldfield Rd. Apache Junction AZ 4 Fill in the time on the days live bingo will be played: SUN MON TUE **WED THUR** FRI SAT □a.m. □a.m. □a.m. □a.m. ☐a.m. 6:00 ⊠p.m. □p.m. □ p.m. □p.m □p.m. □p.m p.m 5 Who is your live bingo supplier? **Allied Bingo** 6 Recommendation for the application: ☐ Approved □ Disapproved 7 Specific reasons for disapproval are hereby listed pursuant to A.R.S. § 5-404.1: This endorsement must be signed by a delegated authority of the local governing body. PRINTED NAME

> Please mail to: Arizona Department of Revenue 1600 W Monroe Street, Division Code 22 Phoenix, AZ 85007

TITLE

DATE

**1** (602) 716-7801

SIGNATURE