

## 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 Based on this we are assuming that the previous license is no longer valid, so we are applying for a new license.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

Arizona Form 833

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 prior to the expiration date pursuant to A.R.S. §§ 5-403(C) and 5-410.

<b>1 Applicant's Name</b> Dolce Vita Resident Bingo		
<b>2a Mailing Address</b> 3301 S. Goldfield Lot 5079		
<b>2b City</b> Apache Junction	<b>State</b> AZ	<b>ZIP Code</b> 8519
<b>3a Administrative Office Location</b> 3301 S. Goldfield Lot 5079		
<b>3b City</b> Apache Junction	<b>State</b> AZ	<b>ZIP Code</b> 85119
<b>4a Name of Contact Person</b> Richard Cantwell	<b>4b Telephone No.</b> (480) 772-0096	
<b>4c E-mail Address</b> rlcwell1013@aol.com	<b>4c Fax No.</b>	

<b>Falsification of information contained in this application constitutes a Class 6 felony.</b>	
REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
88	
81 PM	80 RCVD

- 5 Class B and Class C license applicants only:** If applying as a qualified organization, *check one box* to indicate the type of organization:
- Charitable                       Social                       Religious                       Veterans  
 Fraternal                       Volunteer Fire Department                       Homeowners Association                       Nonprofit Ambulance Service

- 6 Class B and Class C license applicants only** applying as a qualified organization, *provide parent or auxiliary information:*

<b>6a Parent Name</b>	<b>6b Auxiliary Name</b>
Address – Number and Street, Rural Rt., Apt. No.	Address – Number and Street, Rural Rt., Apt. No.
City                      State      ZIP Code	City                      State      ZIP Code

- 7 Class B and Class C license applicants only** applying as a qualified organization, *list the current officers or Board of Directors of the organization:*

<b>7a Name</b>	<b>7b Name</b>
Title	Title
Address – Number and Street, Rural Rt., Apt. No.	Address – Number and Street, Rural Rt., Apt. No.
City                      State      ZIP Code	City                      State      ZIP Code
<b>7c Name</b>	<b>7d Name</b>
Title	Title
Address – Number and Street, Rural Rt., Apt. No.	Address – Number and Street, Rural Rt., Apt. No.
City                      State      ZIP Code	City                      State      ZIP Code

- 8 Class B and Class C license applicants only:** Bingo checking account information:

Checking Account Number	Bank Name	Bank Branch
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Continued on page 2 →

Applicant's Name (as shown on page 1) <b>Dolce Vita Resident Bingo</b>	<b>APPLICATION FOR BINGO LICENSE</b>
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**9 Class B and Class C license applicants only: Bingo interest-bearing account information:**

Account Number	Bank Name	Bank Branch
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**10 Class B and Class C license applicants only: List all officers and/or supervisors authorized to sign checks from the accounts listed above. If applying as a qualified organization, all supervisors must be members of the applicant:**

10a Name	10b Name
Title	Title

**11 List the name(s) of the one or two persons who will serve as managers. If applying as a qualified organization, these persons must be members of the applicant. Each person must submit an affidavit.**

11a Name <b>Richard Cantwell</b>	11b Name
Title <b>Manager</b>	Title

**12 List the name of the one person designated as proceeds coordinator. If applying as a qualified organization, this person must be an officer or director and a member of the applicant. Each person must submit an affidavit.**

Name <b>Paige Cantwell</b>	Title <b>Proceeds Coordinator</b>
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**13 List the name(s) of the person(s) who will serve as supervisor. If applying as a qualified organization, each person must be a member of the applicant. Each person must submit an affidavit. If additional names are required, please attach affidavits.**

13a Name <b>Mary Stewart</b>	13b Name <b>Linda Estilow</b>
Title <b>Supervisor</b>	Title <b>Supervisor</b>

**14 List the name(s) of the person(s) who will serve as assistants. If applying as a qualified organization, each person must be a member or new member of the applicant. Except for "Class A" licensees, each person must submit an affidavit.**

14a Name <b>Ken Erdman</b>	14b Name <b>Lynn Erdman</b>
14c Name	14d Name

**15 Street address of the PHYSICAL location where live bingo will be played:**

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**16 Games of Bingo must not exceed 5 days a week. Indicate the time on each respective day that live bingo will be played:**

SUN	MON	TUE	WED	THUR	FRI	SAT
<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.
6:00 <input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.

Continued on page 3 →

Applicant's Name (as shown on page 1)  
**Dolce Vita Resident Bingo**

**APPLICATION FOR BINGO LICENSE**

17 Indicate the type of premises where bingo will be played. *Check one box:*

- a  Neither rent nor mortgage will be paid from bingo funds.
- b  Rented or leased. *Attach rental affidavit and copy of rental agreement.*

Landlord's Name	Address – Number and Street, Rural Rt., Apt. No.		
Telephone Number (with area code)	City	State	ZIP Code

- c  Owned solely by the organization. *Attach copy of mortgage, deed of trust, purchase agreement, escrow agreement, or other related document:*

Holder of Mortgage	Address – Number and Street, Rural Rt., Apt. No.		
Telephone Number (with area code)	City	State	ZIP Code

- d  Owned jointly with other organization. *Attach copy of mortgage, deed of trust, purchase agreement, escrow agreement, or other related document:*

1) Holder of Mortgage	Address – Number and Street, Rural Rt., Apt. No.		
Telephone Number (with area code)	City	State	ZIP Code
2) Co-Owner Holder:	Address – Number and Street, Rural Rt., Apt. No.		
Telephone Number (with area code)	City	State	ZIP Code
3) Co-Owner Holder:	Address – Number and Street, Rural Rt., Apt. No.		
Telephone Number (with area code)	City	State	ZIP Code

18 List bingo licensees who are or will be conducting bingo in the same premises as you and those licensees located within 1,000 feet of your premises:

18a Name	18b Name
Address – Number and Street, Rural Rt., Apt. No.	Address – Number and Street, Rural Rt., Apt. No.
City State ZIP Code	City State ZIP Code

Continued on page 4 →

Applicant's Name (as shown on page 1)  
**Dolce Vita Resident Bingo**

**APPLICATION FOR BINGO LICENSE**

19 Expected bingo expenses:

a Mortgage: \$ 0.00 per month

Payable to	Address – Number and Street, Rural Rt., Apt. No.		
Telephone number (with area code)	City	State	ZIP Code

b Rent: \$ 0.00 per  month  hour  occasion

Payable to	Address – Number and Street, Rural Rt., Apt. No.		
Telephone number (with area code)	City	State	ZIP Code

c Janitorial Services: \$ 0.00 per  month  hour  occasion

Payable to	Address – Number and Street, Rural Rt., Apt. No.		
Telephone number (with area code)	City	State	ZIP Code

d Accounting Services: \$ 0.00 per  month  hour  occasion

Payable to	Address – Number and Street, Rural Rt., Apt. No.		
Telephone number (with area code)	City	State	ZIP Code

e Security Services: \$ 0.00 per  month  hour  occasion

Payable to	Address – Number and Street, Rural Rt., Apt. No.		
Telephone number (with area code)	City	State	ZIP Code

f Bingo Supplies: \$ 500.00 per year

Payable to	Address – Number and Street, Rural Rt., Apt. No.		
<b>Allied Bingo</b>	<b>2150 NW 33rd St</b>		
Telephone number (with area code)	City	State	ZIP Code
<b>(954) 532-5098</b>	<b>Pompano Beach</b>	<b>FL</b>	<b>33069</b>

20 Who is your live bingo supplier? (For all bingo supplies). Do you foresee purchasing/renting machines as technological aids for your live bingo games?  
Allied Bingo Don not foresee getting new equipment

Continued on page 5 →

Applicant's Name (as shown on page 1)  
Dolce Vita Resident Bingo

**APPLICATION FOR BINGO LICENSE**

I, Richard Cantwell, under penalty of perjury and upon oath, declare that I am duly authorized to sign and file this application. I hereby swear or confirm that I have read the foregoing application and know the contents thereof and that all information provided has been fully, accurately, and truthfully completed to the best of my knowledge.

*Richard Cantwell*      02/27/2023      Manager  
APPLICANT'S SIGNATURE      DATE      TITLE

Please mail to:  
Arizona Department of Revenue  
1600 W Monroe Street, Division Code 22  
Phoenix, AZ 85007  
☎ (602) 716-7801

**REVENUE USE ONLY. DO NOT MARK IN THIS AREA.**

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		<input type="checkbox"/> Class A License <input type="checkbox"/> Class B License <input type="checkbox"/> Class C License		
Reviewer's Name (please print)	Date	License Number	Effective Date	Expiration Date

Arizona Form  
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Affidavit

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.

Licensee's Name <b>Dolce Vita Resident Bingo</b>		License Number	
Position (check the appropriate boxes): <input checked="" type="checkbox"/> Manager <input type="checkbox"/> Supervisor <input type="checkbox"/> Proceed Coordinator <input type="checkbox"/> Assistant		REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
Affiant's Name <b>Richard Cantwell</b>			
Social Security Number <b>328-46-9926</b>		Date of Birth <b>0 5 1 1 1 9 5 1</b>	
Address <b>3301 S. Goldfield Rd. #5079</b>			
City <b>Apache Junction</b>		State <b>AZ</b>	ZIP Code <b>85119</b>
Home Phone No. (with area code) <b>(408) 772-0096</b>		Work Phone No. (with area code)	RCVD

If licensee is a qualified organization, complete the following section:

Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Joined Organization <b>MMDDYYYY</b>
Officers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Officer Title
Do you have an affidavit on file for any other licensee? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", list license number(s):	

I, Richard Cantwell AFFIANT'S NAME, the above-named affiant, under penalty of perjury, upon oath, depose and say that I will conduct or assist in conducting 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.

*Richard Cantwell*  
\_\_\_\_\_  
Signature of Affiant

02/27/2023  
\_\_\_\_\_  
Date

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

☎ (602) 716-7801

Arizona Form  
830

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Licensee's Name <b>Dolce Vita Resident Bingo</b>	License Number
Position (check the appropriate boxes): <input type="checkbox"/> Manager <input type="checkbox"/> Supervisor <input checked="" type="checkbox"/> Proceed Coordinator <input type="checkbox"/> Assistant	

Affiant's Name <b>Paige Cantwell</b>		
Social Security Number <b>304-56-8759</b>	Date of Birth <b>0 9 1 4 1 9 5 3</b>	
Address <b>3301 S. Goldfield Rd. #5079</b>		
City <b>Apache Junction</b>	State <b>AZ</b>	ZIP Code <b>85119</b>
Home Phone No. (with area code) <b>(219) 641-1849</b>	Work Phone No. (with area code)	

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

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81 PM

80 RCVD

If licensee is a qualified organization, complete the following section:

Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Joined Organization MMDDYYYY
Officers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Officer Title
Do you have an affidavit on file for any other licensee? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", list license number(s):	

I, Paige Cantwell AFFIANT'S NAME, the above-named affiant, under penalty of perjury, upon oath, depose and say that I will conduct or assist in conducting 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.

*Paige Cantwell*  
\_\_\_\_\_  
Signature of Affiant

5/27/23  
\_\_\_\_\_  
Date

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

☎ (602) 716-7801



Arizona Form  
830

Affidavit

Bingo

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Licensee's Name <b>Dolce Vita Resident Bingo</b>		License Number	
Position (check the appropriate boxes): <input type="checkbox"/> Manager <input checked="" type="checkbox"/> Supervisor <input type="checkbox"/> Proceed Coordinator <input type="checkbox"/> Assistant		REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
Affiant's Name <b>Mary A Stewart</b>		88	
Social Security Number <b>320-52-7863</b>	Date of Birth <b>0 2 0 6 1 9 6 0</b>		
Address <b>3301 S Goldfield Rd #5031</b>			
City <b>Apache Junction</b>	State <b>AZ</b>	ZIP Code <b>85119</b>	81 PM
Home Phone No. (with area code) <b>479-490-6975</b>	Work Phone No. (with area code) <b>NA</b>	80 RCVD	

If licensee is a qualified organization, complete the following section:

Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Joined Organization
Officers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Officer Title
Do you have an affidavit on file for any other licensee? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", list license number(s):	

I, Mary A Stewart AFFIANT'S NAME, the above-named affiant, under penalty of perjury, upon oath, depose and say that I will conduct or assist in conducting 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.

  
Signature of Affiant

Feb 27, 2025  
Date

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

(602) 716-7801

Arizona Form  
830

Affidavit

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.

Licensee's Name <b>Dolce Vita Resident Bingo</b>		License Number	
Position (check the appropriate boxes): <input type="checkbox"/> Manager <input checked="" type="checkbox"/> Supervisor <input type="checkbox"/> Proceed Coordinator <input type="checkbox"/> Assistant		REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
Affiant's Name <b>Linda A. Estilow</b>			
Social Security Number <b>172 46 5410</b>		Date of Birth <b>10 17 1955</b>	
Address <b>3301 S. Goldfield Rd Lot 3034</b>			
City <b>Apache Jct</b>		State <b>AZ</b>	ZIP Code <b>85119</b>
Home Phone No. (with area code) <b>609-220-9641</b>		Work Phone No. (with area code) <b>---</b>	
		<b>81</b> PM	<b>80</b> RCVD

If licensee is a qualified organization, complete the following section:

Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Joined Organization <b>UNDETERMINED</b>
Officers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Officer Title
Do you have an affidavit on file for any other licensee? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", list license number(s):	

I, Linda A Estilow, the above-named affiant, under penalty of perjury, upon oath, depose and say that I will conduct or assist in conducting 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.

*Linda A Estilow*  
Signature of Affiant

2/27/2023  
Date

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

☎ (602) 716-7801

Arizona Form  
830

Affidavit

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.

Licensee's Name <b>Dolce Vita Resident Bingo</b>	License Number <del>10-9-40-66-55</del>
Position (check the appropriate boxes): <input type="checkbox"/> Manager <input type="checkbox"/> Supervisor <input type="checkbox"/> Proceed Coordinator <input checked="" type="checkbox"/> Assistant	REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

Affiant's Name <b>KENNETH F. ERDMAN</b>		
Social Security Number <b>387-46-6839</b>	Date of Birth <b>10-04-1944</b>	
Address <b>3301 S. GOLDFIELD RD. # 4084</b>		
City <b>APACHE JUNCTION</b>	State <b>ARIZONA</b>	ZIP Code <b>85119</b>
Home Phone No. (with area code) <b>480-474-2470</b>	Work Phone No. (with area code) <b>RETIRED</b>	

88	81 PM	80 RCVD
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If licensee is a qualified organization, complete the following section:

Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Joined Organization MMDDYYYY
Officers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Officer Title
Do you have an affidavit on file for any other licensee? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", list license number(s):	

I, KENNETH F. ERDMAN AFFIANT'S NAME, the above-named affiant, under penalty of perjury, upon oath, depose and say that I will conduct or assist in conducting 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.

Kenneth F. Erdman  
Signature of Affiant

25 FEBRUARY 2023  
Date

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

(602) 716-7801

Arizona Form  
830

**Affidavit**

**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.

Licensee's Name <b>Dolce Vita Resident Bingo</b>		License Number
Position (check the appropriate boxes): <input type="checkbox"/> Manager <input type="checkbox"/> Supervisor <input type="checkbox"/> Proceed Coordinator <input checked="" type="checkbox"/> Assistant		REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88    81 PM 80 RCVD
Affiant's Name <b>Lynn Kurt Erdman</b>		
Social Security Number <b>396-54-7859</b>	Date of Birth MMDDYYYY	
Address <b>3301 S. Goldfield Rd # 4084</b>		
City <b>Apache Junction</b>	State <b>AZ</b>	
Home Phone No. (with area code) <b>480-477-2470</b>	Work Phone No. (with area code)	

If licensee is a qualified organization, complete the following section:

Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Joined Organization MMDDYYYY
Officers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Officer Title
Do you have an affidavit on file for any other licensee? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", list license number(s):	

I, Lynn Kurt Erdman, the above-named affiant, under penalty of perjury, upon oath, depose and say that I will conduct or assist in conducting 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.

Lynn Kurt Erdman  
Signature of Affiant

02/27/2023  
Date

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

(602) 716-7801

Arizona Form 832

Endorsement by Local Governing Body

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

<input type="checkbox"/> New Application	<input type="checkbox"/> Change of Location	Date	License Number
From (Name of local governing body)			<b>REVENUE USE ONLY. DO NOT MARK IN THIS AREA.</b> 88     81 PM      80 RCVD
Address (number and street, PO Box)			
City	State	ZIP Code	
Phone No. (with area code)			

1 This is to certify that on \_\_\_\_\_ 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: 3301 S. Goldfield Rd.      City: Apache Junction      State: AZ      ZIP Code: 85119

4 Fill in the time on the days live bingo will be played:

SUN	MON	TUE	WED	THUR	FRI	SAT
6:00 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> 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 \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TITLE \_\_\_\_\_

Please mail to:  
 Arizona Department of Revenue  
 1600 W Monroe Street, Division Code 22  
 Phoenix, AZ 85007  
 (602) 716-7801