

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 bingo games, you must renew your license prior to the expiration date.

1 Applicant's Name VFW Post 7968 Auxiliary		
2a Mailing Address 250 S. PHELPS DR.		
2b City APACHE JUNCTION	State AZ	ZIP Code 85120
3a Administrative Office Location 250 S. PHELPS DR.		
3b City APACHE JUNCTION	State AZ	ZIP Code 85120
4a Name of Contact Person Kerry Schrand	4b Telephone No. 480-620-1646	
4c E-mail Address aux 7968@gmail.com	4c Fax No.	

Falsification of information contained in this application constitutes a Class 6 felony.

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

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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:

6a Parent Name VFW Post 7968	6b Auxiliary Name VFW Post 7968 Auxiliary
Address - Number and Street, Rural Rt., Apt. No. 250 S. PHELPS DR.	Address - Number and Street, Rural Rt., Apt. No. 250 S. PHELPS DR.
City APACHE JUNCTION	City APACHE JUNCTION
State AZ	State AZ
ZIP Code 85120	ZIP Code 85120

7 Class B and Class C license applicants only applying as a qualified organization, provide the date the organization was established in Arizona: _____

8 Class B and Class C license applicants only applying as a qualified organization, list the current officers of the organization:

8a Name PATRICIA STINSON	8b Name Kerry Schrand
Title Auxiliary President	Title Auxiliary Secretary/Treasurer
Address - Number and Street, Rural Rt., Apt. No. 9831 E. GREENWAY ST.	Address - Number and Street, Rural Rt., Apt. No. 10169 N. CORTAZ RD
City MESA	City APACHE JUNCTION
State AZ	State AZ
ZIP Code 85207	ZIP Code 85119
8c Name JANET SNYDER	8d Name
Title Auxiliary Sr. Vice Pres.	Title
Address - Number and Street, Rural Rt., Apt. No. 1853 W. 19TH AVE.	Address - Number and Street, Rural Rt., Apt. No.
City APACHE JUNCTION	City
State AZ	State
ZIP Code 85120	ZIP Code

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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

Applicant's Name (as shown on page 1)
VFW Post 7968 Auxiliary

APPLICATION FOR BINGO LICENSE

9 Class B and Class C license applicants only: Bingo checking account information:

[REDACTED]

10 Class B and Class C license applicants only: Bingo interest-bearing account information:

[REDACTED]

11 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:

11a Name PATRICIA STINSON	11b Name KERRY SCHRAND
Title Auxiliary PRESIDENT	Title Auxiliary SECRETARY/TREASURER
Address - Number and Street, Rural Rt., Apt. No. 9831 E. GREENWAY ST.	Address - Number and Street, Rural Rt., Apt. No. 1069 N. CORTEZ RD
City State ZIP Code Mesa AZ 85207	City State ZIP Code APACHE JUNCTION AZ 85119

12 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.

12a Name JANET SNYDER	12b Name KERRY SCHRAND
Title Auxiliary SR VICE PRES.	Title Auxiliary SECRETARY/TREASURER
Address - Number and Street, Rural Rt., Apt. No. 1853 W. 19th AVE.	Address - Number and Street, Rural Rt., Apt. No. 1069 N. CORTEZ RD
City State ZIP Code APACHE JUNCTION AZ 85120	City State ZIP Code APACHE JUNCTION AZ 85119

13 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 KERRY SCHRAND	Address - Number and Street, Rural Rt., Apt. No. 1069 N. CORTEZ RD
Title Auxiliary SECRETARY/TREASURER	City State ZIP Code APACHE JUNCTION AZ 85119

14 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.

14a Name JANET SNYDER	14b Name VICKIE RIPPEL
Title Auxiliary Sr VICE PRES.	Title Auxiliary CONDUTOR
Address - Number and Street, Rural Rt., Apt. No. 1853 W. 19th AVE.	Address - Number and Street, Rural Rt., Apt. No. 2263 N. RECKER RD.
City State ZIP Code APACHE JUNCTION AZ 85120	City State ZIP Code MESA AZ 85215
14c Name JUDELE SODERQUIST	14d Name MARTHA MYERS
Title LEGISLATIVE CHAIRMAN	Title Auxiliary JR. VICE PRES.
Address - Number and Street, Rural Rt., Apt. No. 2355 E. JUNCTION ST.	Address - Number and Street, Rural Rt., Apt. No. 10936 E. APACHE TRAIL # 2
City State ZIP Code APACHE JUNCTION AZ 85119	City State ZIP Code APACHE JUNCTION AZ 85120

Applicant's Name (as shown on page 1) **VFW Post 7968 Auxiliary** APPLICATION FOR BINGO LICENSE

9 Class B and Class C license applicants only: Bingo interest-bearing account information:

Account Number 1439659929	Bank Name Wells Fargo	Bank Branch APACHE JUNCTION
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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 HEATHER PURNELL	10b Name KERRY SCHRAND
Title PRESIDENT	Title SECRETARY/TREASURER

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 JANET SNYDER	11b Name HEATHER PURNELL
Title SR VICE PRESIDENT	Title PRESIDENT

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 KERRY SCHRAND	Title SECRETARY/TREASURER
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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 JANET SNYDER	13b Name KERRY SCHRAND
Title SR VICE PRESIDENT	Title SECRETARY/TREASURER

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 JANET SNYDER	14b Name VICKIE RIPPEL
14c Name JODELLE SODERQUIST	14d Name MARTHA MYERS

15 Street address of the PHYSICAL location where live bingo will be played:
250 S. PHELPS DR. APACHE JUNCTION, AZ 85120

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
4:00 <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.	EVERY OTHER 2:00 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

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Applicant's Name (as shown on page 1)
VFW Post 7968 Auxiliary

APPLICATION FOR BINGO LICENSE

19 Expected bingo expenses:

a Mortgage: \$ _____ per month

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

b Rent: \$ _____ 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: \$ 350.00 per month hour occasion

Payable to <u>FRESHEN UP Cleaning Services</u>	Address - Number and Street, Rural Rt., Apt. No. <u>351 N. MERIDIAN RD #133, Apache Junction</u>		
Telephone number (with area code) <u>630-297-9204</u>	City <u>APACHE JUNCTION</u>	State <u>AZ</u>	ZIP Code <u>85120</u>

d Accounting Services: \$ _____ 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: \$ _____ 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: \$ 200.00 per OCCESSION

Payable to <u>AMAZON</u>	Address - Number and Street, Rural Rt., Apt. No.		
Telephone number (with area code)	City	State	ZIP Code

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?"

Amazon - No

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Applicant's Name (as shown on page 1)
VFW Post 7968 Auxiliary

APPLICATION FOR BINGO LICENSE

I, Kerry Schrand, 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.

Kerry Schrand 1/11/23 Auxiliary Secretary/Treasurer
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 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

New Application Change of Location Date _____

From (Name of local governing body)
VFW Post 7968 Auxiliary

Address (number and street, PO Box)
250 S. PHELPS DR.

City **APACHE JUNCTION** State **AZ** ZIP Code **85120**

Phone No. (with area code)
480-671-6239

License Number _____

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

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81 PM 80 RCVD

- 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
VFW Post 7968 Auxiliary

3 Location/Address where live bingo will be conducted: City **APACHE JUNCTION** State **AZ** ZIP Code **85120**

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

SUN	MON	TUE	WED	THUR	FRI	SAT
4:00 <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.	EVERY OTHER 2:00 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

5 Who is your live bingo supplier? **Amazon**

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