

- 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.

1 Applicant's Name George T Diehl, Sr Post 7968 VFW		
2a Mailing Address 250 S Phelps Drive		
2b City Apache Junction	State AZ	ZIP Code 85120
3a Administrative Office Location 250 S Phelps Drive		
3b City che Junction	State AZ	ZIP Code 85120
4a Name of Contact Person Jason Walker	4b Telephone No. (480) 671-6239	
4c E-mail Address vfwpost7968@msn.com	4c Fax No. (480) 671-0894	

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

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:*

6a Parent Name George T Diehl, Sr Post 7968 VFW			6b Auxiliary Name		
Address – Number and Street, Rural Rt., Apt. No. 250 S Phelps Drive			Address – Number and Street, Rural Rt., Apt. No.		
City Apache Junction	State AZ	ZIP Code 85120	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:*

7a Name Jerome Stinson			7b Name Frank White		
Title Commander			Title House Committee		
Address – Number and Street, Rural Rt., Apt. No. 9831E Greenway St			Address – Number and Street, Rural Rt., Apt. No. 12685 E Nandina Place		
City Mesa	State AZ	ZIP Code 85207	City Gold Canyon	State AZ	ZIP Code 85118
7c Name Jason Walker			7d Name		
Title Quartermaster			Title		
Address – Number and Street, Rural Rt., Apt. No. 202 S 83rd Place			Address – Number and Street, Rural Rt., Apt. No.		
City Mesa	State AZ	ZIP Code 85120	City	State	ZIP Code

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

Checking Account Number [REDACTED]	Bank Name [REDACTED]	Bank Branch [REDACTED]
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Applicant's Name (as shown on page 1)
 George T Diehl, Sr Post 7968 VFW

APPLICATION FOR BINGO LICENSE

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 Jerome Stinson	10b Name Jason Walker
Title Commander	Title Quartermaster

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 Jerome Stinson	11b Name Jason Walker
Title Commander	Title Quartermaster

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 Jason Walker	Title Quartermaster
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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 Jerome Stinson	13b Name Jason Walker
Title Commander	Title Quartermaster

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 Jerome Stinson	14b Name Frank White
14c Name Jason Walker	14d Name Ernest E toll

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

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 checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	NO <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	<input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	NO <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.
10		10		10	10	10

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Applicant's Name (as shown on page 1)
 George T Diehl, Sr Post 7968 VFW

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.		
Pinal Cty Federal Credit Union	290 S Phelps Drive		
Telephone Number (with area code)	City	State	ZIP Code
(520) 381-3100	Apache Junction	AZ	85120

- 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

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Applicant's Name (as shown on page 1)
 George T Diehl, Sr Post 7968 VFW

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: \$ _____, 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: \$ _____, 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: \$ _____ per _____

Payable to	Address - Number and Street, Rural Rt., Apt. No.		
3 Winds Imports	2040 Railroad Dr		
Telephone number (with area code)	City	State	ZIP Code
	Sacramento	CA	95815

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?"

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Applicant's Name (as shown on page 1)
George T Diehl, Sr Post 7968 VFW

APPLICATION FOR BINGO LICENSE

I, Jason Walker, 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.

Jason Walker 9-3-24 Quartermaster
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 checked="" 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

License Number

From (Name of local governing body)
 GEORGE T Diehl VFW Post 7968

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

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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 7968 GEORGE T Diehl

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
10 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	10 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	10 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	10 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	10 <input checked="" 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