



Arizona Department of Revenue

Application for Bingo License Packet

This Application for Bingo License Packet includes:

- Arizona Form 833 — Application for Bingo License
- Arizona Form 830 — Affidavit
- Arizona Form 832 —
Endorsement by Local Governing Body

It is advisable that you obtain and review a copy of the Arizona Revised Statutes on "Games of Bingo" and the Administrative Rules prior to initiating an application. These documents outline qualifications and requirements for obtaining a bingo license and may be obtained from:

- www.azleg.gov/ and
- www.azsos.gov/public_services/table_of_contents.htm

All forms must be complete and legible. Please type or print using black ink only. Forms are available in a fillable pdf format at Arizona Department of Revenue (ADOR) web site www.azdor.gov. Be sure to include on your application a telephone number where you (or another party responsible for the games) can be reached during the day.

The bingo license package for new license and appropriate fees must be sent to and approved by the local governing body (the city council for incorporated cities or the county board of supervisors for unincorporated areas) prior to submission to the ADOR Bingo Section. Upon their approval or disapproval, the local governing body will forward the license package to the ADOR Bingo Section.

Endorsement By Local Governing Body Form

Complete lines 2, 3, and 4 of Arizona Form 832 Endorsement by Local Governing Body and submit to your local governing body with the bingo license package. A bingo license cannot be issued until this form is received by the ADOR Bingo Section.

As part of the review of your application for a bingo license, the ADOR Bingo Section will conduct an analysis of any purchase agreement for either equipment and/or real property to determine that such agreement is bona fide. This analysis is conducted pursuant to A.R.S. 5-406.F. The Bingo Section does not "approve" these agreements as to content or other legal ramifications. You are strongly advised to consult with independent legal counsel to determine your rights and obligations under these agreements.

If you need additional forms or have any questions, please call the ADOR Bingo Section in Phoenix at (602) 716-7801.

CHECKLIST:

Send copies of all documents listed below unless otherwise noted. Before mailing, check to make sure that you have included the following:

- ☐ Original completed Application for Bingo License (Arizona Form 833).
- ☐ Original completed affidavits (Arizona Form 830). Class B and Class C applicants must include a completed affidavit for each person participating in the conduct of your games. Class A applicants must include a complete affidavit for each person participating as a manager, proceeds coordinator and supervisors.
- ☐ Rental agreement if more than one licensee is using the same rented premises in which to hold bingo.
- ☐ Application for Special Bonus Game (Arizona Form 831) available at www.azdor.gov. If you do not conduct special bonus games do not complete the application.
- ☐ License fee payable to the Arizona Department of Revenue:

License Type	Fee
Class A	\$10.00
Class B	\$50.00
Class C	\$200.00

- ☐ The local governing body fee will be payable to the appropriate local governing entity:

License Type	Fee
Class A	\$5.00
Class B	\$25.00
Class C	\$50.00

- ☐ If applying as a qualified organization, a current membership list must be submitted and must indicate initial membership dates for all members of the applicant organization. Any person from any branch of the applicant who will be participating in the operation of bingo games must be included on the membership list.
- ☐ If applying as a qualified organization, the following must be submitted: charter documents, articles of incorporation, corporate bylaws, articles of association, minutes of the establishment meeting, and minutes of meetings for two years (two months of each year) immediately prior to the date of application for the applicant, parent and auxiliary.
- ☐ Purchase agreement for real property (where applicable).
- ☐ Purchase agreement/bill of sale for bingo equipment and supplies.
- ☐ Original local governing body endorsement.

CITY OF APACHE JUNCTION
AUG 19 '25 PM 4:41

- 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 Desire Maxwell	
2a Mailing Address 2400 E Baseline Ave #83	
2b City Apache Junction	State ZIP Code AZ 85119
3a Administrative Office Location 2400 E. Baseline Ave #83	
3b City Apache Junction	State ZIP Code AZ 85119
4a Name of Contact Person Desire Maxwell	4b Telephone No. 616-498-6921
4c E-mail Address desireemaxwell@hotmail.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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5 Class B and Class C license applicants only: If applying as a qualified organization, check one box to indicate the type of organization:

- | | | | |
|-------------------------------------|--|---|--|
| <input type="checkbox"/> Charitable | <input type="checkbox"/> Social | <input type="checkbox"/> Religious | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Fraternal | <input type="checkbox"/> Volunteer Fire Department | <input type="checkbox"/> Homeowners Association | <input type="checkbox"/> 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			6b Auxiliary 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

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			7b Name		
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
7c Name			7d Name		
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)

Desire Maxwell

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	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 Desire Maxwell	11b Name
Title	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 Carol Little	Title
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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 Edward Wilcox	13b Name
Title	Title

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 Diane Holcomb	14b Name
14c Name	14d Name

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

3400 E. Baseline Ave Clubhouse Apache Junction AZ 85118

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.	4:30 <input checked="" type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.
<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input checked="" 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)

Desire Maxwell

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)

Carolyn J. Wilcox

APPLICATION FOR BINGO LICENSE

- 20 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:

20a Name	20b 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

- 21 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: ^{approx} \$700.00 per year

Payable to Cactus Bingo Supplies	Address - Number and Street, Rural Rt., Apt. No. 3210 E. Roeser Rd
Telephone number (with area code) 602-268-2840	City State ZIP Code Phoenix AZ 85040

Line 21 continues on page 5 →

Applicant's Name (as shown on page 1)

DESIRE MAXWELL

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:
- ^{EST}
- \$1200.00 per year

Payable to Cactus Bingo Supplier	Address - Number and Street, Rural Rt., Apt. No. 3210 E. Kessler Rd		
Telephone number (with area code) 602-766-2848	City Phoenix	State AZ	ZIP Code 85040

- 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?"

Cactus Bingo Supplier

Continued on page 5 →

Applicant's Name (as shown on page 1)

Desire Maxwell

APPLICATION FOR BINGO LICENSE

I, Desire Maxwell, 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.

Desire Maxwell 8/19/25 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.

☐ Approved ☐ Disapproved ☐ Class A License ☐ Class B License ☐ Class C License

Reviewer's Name (please print)	Date	License Number	Effective Date	Expiration Date
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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 <u>Desiré Maxwell</u>		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 <u>Desiré Maxwell</u>		88	
Date of Birth <u>9/27/58</u>			
Address <u>2400 E Baseline Ave, Lot 83</u>			
City <u>Apache Junction</u>	State <u>AZ</u>	Zip Code <u>85119</u>	81 PM
Home Phone No. (with area code) <u>(616) 498-6921</u>	Work Phone No. (with area code)		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, Desiré Maxwell, 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.

Desiré Maxwell
Signature of Affiant

8/19/25
Date

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

☎ (602) 716-7801

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		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 <i>Carol A. Little</i>		Date of Birth <i>8/31/55</i>	
Address <i>5410 E. Baseline Ave #150</i>		City <i>Apache Junction</i>	
State <i>AZ</i>		ZIP Code <i>85119</i>	
Home Phone No. (with area code) <i>508-574-6617</i>		Work Phone No. (with area code)	

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

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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
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, *Carol A. Little*, 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

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		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 Edward Wilcox		88	
Date of Birth 12/01/1943			
Address 2400 E. BUSELICK AVE. LOT 36			
City APACHE JUNCTION	State AZ	ZIP Code 85119	
Home Phone No. (with area code) 602-524-8645	Work Phone No. (with area code)	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
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, EDWARD WILCOX, 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.

Edward Wilcox
Signature of Affiant

8/19/2025
Date

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

☎ (602) 716-7801

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		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 Diane Dwyer Holcomb		88	
Date of Birth 08/01/1959			
Address 2400 E Baseline Lot 281			
City Apache Junction	State AZ	ZIP Code 85119	
Home Phone No. (with area code) 910-228-0592	Work Phone No. (with area code)	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
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, Diane Dwyer Holcomb 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.

Diane Dwyer Holcomb
Signature of Affiant
8/19/25
Date

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

☎ (602) 716-7801