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.

CITY OF APACHEJUNCTION AUG 19 '25 PH4:41

CHECKLIST:

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

- 1 ☐ Original completed Application for Bingo License (Arizona Form 833).
- 2 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.
- 3 Rental agreement if more than one licensee is using the same rented premises in which to hold bingo.
- 4 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.
- 5 License fee payable to the Arizona Department of Revenue:

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

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

-	10001 3010111115	
	License Type	Fee
i	Class A	\$5.00
•	Class B	\$25,00
	Class C	\$50.00

- 7 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.
- s 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).
- 10 Purchase agreement/bill of sale for bingo equipment and supplies.
- 11 Original local governing body endorsement.

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

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	pplicant's Name Desire Ma	xwell		Faisification of contained in the	Children Control of the Control of t
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ЪC	Apache Ju	nction State 21	85(19	REVENUE USE ONLY. DO N	OT MARK IN THIS AREA.
la A	dministrative Office Location 2400 E. BLILIAL	AVL 183			
ьс	My April Suntion	State Zi	P Code 5/19		
a N	ame of Contact Person	4b Telephor	ne No.	11	
	Dosire Maxi		15-6921		
kc E	mail Address Les I rea Maywell	Ac Fax No.	20	81 PM	80 RCVD
ک	3 63 I PER IN LONGUE III	الكان المالال عالم ع	1~	1	
5	Class B and Class C license ap organization:	plicants only: If applying	as a qualified orga	nization, check one box t	o indicate the type of
	☐ Charitable ☐ So	cial	Religious	□ Veterans	
	☐ Fratemal ☐ Vol	unteer Fire Department	☐ Homeowners As:	sociation	Ambulance Service
6	Class B and Class C license ap	plicants only applying as	-	ion, <i>provide perent or a</i>	uxiliary information:
	6a Parent Name		6b Auxiliary Name		·
	Address - Number and Street, Rural R	it., 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 a	pplicants only applying as	s a qualified organiz	zation, <i>list the current o</i>	fficers or Board of
	Directors of the organization:		Total Stance		
	7a Name		7b Name		
	Title		Title		
	Address - Number and Street, Rural R	t., Apt. No.	Address - Number	and Street, Rural Rt., Apt. No	
	City	State ZIP Code	City	State	ZIP Code
	7c Name	OX.	7d Name		
	Title		Title		
	Address - Number and Street, Rural R	t., 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 appl	licants only: Rings checking	na account informatic	on:	
•	Checking Account Number	Bank Name		Bank Branch	

De SIPC //	nat well			APP	LICATION FOR	BINGO LICENSE
Class B and Class C li	cense applicants on	lv: Bingo interest-be	aring account	nformation:		
Account Number	Bank Nam			Bank Branch		
Class B and Class C II listed above. If applying		•				s from the account
10a Name	, , , , , , , , , , , , , , , , , , , ,		0b Name			
Title		1	Title			
List the name(s) of the must be members of the	•			plying as a qu	alified organiza	tion, these person
11a Name) LSITC			1b Name			
Title		T	îtie			
List the name of the one an officer or director a	, -	•			organization, thi	s person must be
	Little		itle	an ancava.		
List the name(s) of the member of the applican						
13a Name A WAVO			3b Name	iles are require	o, prease allaci	i amuavus.
Title	<u></u>	Т	ltte			
List the name(s) of the member or new memb						•
	er of the applicant. Ex	COOPT TO! CLASS A IIC	ensees, each j	person must su	iomit an amgavi	4.
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14e Name	Holcomb	1		person must su	ioma an amgav	
Diane	Holcomb	1	4b Name			
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Continued on page 3 →

47 li	adina	te the type of premises where bingo will be played	d Chack and have				
"	J						
a	P	Neither rent nor mortgage will be paid from blng	o funds.				
b							
		Landlord's Name	Address - Number and Street, Rural Rt., Apt. No.				
		Telaphone Number (with area code)	City	State ZIP Code			
c		Owned solely by the organization. Attach copy other related document:	γ of mortgage, deed of trust, pu	rchase agreement, escrow agreement,			
		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 coother related document:	py of mortgage, deed of trust, pu	irchase agreement, escrow agreement,			
		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	Streel, Rural Rt., Apt. No.			
		Telephone Number (with area code)	City	State ZIP Code			
I 8 L i	st bir	L	o in the same premises as you	and those licensees located within 1,0			
	et of	your premises:					
13	UM IVS	ime	18b Name				
A	ddres	s - Number and Street, Rural Rt., Apt. No.	Address - Number and St	reet, Rural Rt., Apt. No.			
С	ity	State ZIP Code	City	State ZIP Code			
			i				

Continued on page 4 →

28 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: 28 Name 28 Name Address - Number and Street, Rural Rt., Apt. No. City State ZIP Code City State ZIP Code City State ZIP Code 29 Expected bingo expenses: a Mortgage: per month Payable to Telephone number (with area code) City State ZIP Code City City State ZIP Code	plica	nt's Name/las shown on pagery). Wilcox	_	APPLICATION FOR BINGO LICENSI		
28b Name Address - Number and Street, Rural Rt., Apt. No. City State ZIP Code City State ZIP Code Expected bingo expenses: a Mortgage:			o in the same premises as yo	and those licensees located within 1,000		
City State ZIP Code City State ZIP Code Expected bingo expenses: a Mortgage:	-		20b Name			
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Address - Number and Street, Rural Rt., Apt. No.	ci	Ity State ZIP Code	City	State ZIP Code		
Payable to Telephone number (with area code) Description of the phone number (with area code)	E×	xpected bingo expenses:				
Telephone number (with area code)	а					
b Rent:		Payable to	Address - Numbe	r and Street, Rural Rt., Apt. No.		
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e Security Services: \$		Payable to	Address - Number	and Street, Rural Rt., Apt. No.		
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Bingo Supplies: \$ 700.00 per 4200 Paralle to ful Bingo Supplies Address - Number and Street, Rural RA, Apt. No. 3210 E. ROZSEN RA		Payable to	Address - Number	Address - Number and Street, Rural Rt., Apt. No.		
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Telephone number (with area code) 28 40 City Lucix Fiate ZIP Code A 2 35040		Papalle & Ful Bingo Supplies	Address - Nugeber 3 2/0 E.	and Street, Rural RA, Apt. No.		
		Telephone number (with area code) CO2-2C8-28 PC	City/Luency	L State ZIP Code 75040		

Line 21 continues on page 5 →

Ex	pected bingo expenses:					
a	Mortgage: \$	per month				
	Payable to		Address Num	ber and Street, R	Rural Rt., Apt. No	
	Telephone number (with area code)		City		State	ZIP Code
•	Rent: \$	per 📑 month 📋	hour occas	ion		
	Payable to		Address Num	ber and Street, R	tural Rt., Apt. No	
	Telephone number (with area code)		City		State	ZiP Code
2	Janitorial Services: \$	per 🗇 month 🖂			tural Rt., Apt. No	
			1 10001000 3 101111			
	Telephone number (with area code)		City		State	ZIP Code
	Telephone number (with area code)		City		State	ZIP Code
ı	Accounting Services: \$	per [] month []	City	ion		
ı		per [] month []	City			
i	Accounting Services: \$	per 🗍 month 🗍	City	ion		
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Applicant Name (as shown of page	1441		APPLICAT	TION FOR BINGO LICENSE
I, Desire Ma and file this application. I hereby all information provided has been	swear or confir		ing application and know th	he contents thereof and that
APPLICANT'S SIGNATURE	well	8/19/25 DATE TITLE	Manag	rer
		Please mail to: rizona Department of Re W Monroe Street, Division Phoenix, AZ 85007		
	REVENU	JE USE ONLY. DO NOT MARK I	N THIS AREA.	s in expect single
Approved Dis	sapproved	Class A License	Class B License	Class C License
Reviewer's Name (please print)	Date	License Number	Effective Date	Expiration Date

Arizona F	orm
830	

Bingo

This affidavit must be completed by each person who wishes to assist in the conduct of	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	f your Social Security Number (SSN) is voluntary. This information
may be used to establish positive identification for purposes of criminal background che	ecks pursuant to A.R.S. § 5-404.
Licensee's Name	License Number

Licensee's Name	well	License Number
Position (check the appropriate boxes):	UL11	
Manager Supervisor Proceed Co.	ordinator	REVENUE USE ONLY, DO NOT MARK IN THIS AREA.
The many Constitution Constitut	Of the letter 1 1 security start of	88
Affiant's Name	. /:]
Desire May	Jue 11	
	Data of Birth	
Address	1 10-	
2400 E Baselin		
City /	State 2IP Code	
Apacha Junction	AL 185(19	81 PM 80 RCVD
Home Phone No. (with area code) (616) 498-692	Work Phone No. (with erea code)	
1616) 9 10-6 10-1		
If licensee is a qualified organization, co	molete the following section:	
Member?	Date Joined Organization	٦
☐ Yes ☐ No		
Officers?	Officer Title	
☐ Yes ☐ No	<u> </u>	
Do you have an affidavit on file for any other licen-		
Yes No If "Yes", list license num	ber(s):	J
,		
Desire Max	1101	
I, WESTER CAR	the above-named affiant, u	nder penalty of perjury, upon oath, depose
	nducting all bingo games in compliance wit	
Statutes, Title 5, Chapter 4, and the rules of	of the licensing authority. I am of good moral	character and have never been convicted of
any misdemeanor involving moral turpitu	ide or felony. I have not and shall not receive	e any reward, compensation or recompense
for my participation in the conduct of bi	ngo games except as provided for by law.	hereby swear or confirm that I have read
and understand the foregoing and verify	that the information and statements made he	erein are true and correct to the best of my
knowledge.		
	Demau	Luele
	Signature of Affiant	
	8/19/2S	
	Data	

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

1 (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.

Licensee's Name		License Number	
Position (check the appropriate boxes):			
Manager Supervisor M Proceed Co	oordinator	REVENUE USE ON	NLY. DO NOT MARK IN THIS AREA.
Affiant's Name		7	
Carol H. W	He	[]	
	Date of Birth	11	
	1/31/33	11	
City Apache Turatur	VL # 150]	
City Appelle Twetter	State 2 ZIP Godg 1/9	81 PM	80 RCVD
Home Phone No. (yeth area code) 4.667	Work Phone No. (with area code)		
If licensee is a qualified organization, co	omplete the following section:		
Member?	Date Joined Organization	\neg	
☐ Yes ☐ No			
Officers?	Officer Title	ŀ	
Yes No		4	
Do you have an affidavit on file for any other lice			
Yes No If "Yes", list license nur	nber(s);		
Statutes, Title 5, Chapter 4, and the rules any misdemeanor involving moral turpit for my participation in the conduct of b	the above-named affiant, conducting all bingo games in compliance wi of the licensing authority. I am of good mora tude or felony. I have not and shall not received by games except as provided for by law, that the information and statements made have been signature of Affiant. Signature of Affiant	th the terms of the l character and have e any reward, con I hereby swear or	e license, Arizona Revised we never been convicted of mpensation or recompense r confirm that I have read
	Plana		
	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.

Licensee's Name			License Number	
Position (check the appropriate boxes):				
☐ Manager ☑ Supervisor ☐ Proceed Co	ordinator	tant	REVENUE USE ON	LY. DO NOT MARK IN THIS AREA.
Motional 2 Substition Eliticated Co.	Ordinator Carasis	NATITE OF THE PROPERTY OF THE	88	
Affiant's Name				
Edward Wilcox				
	Date of Birth			
	12/01/194	3		
Address			11	
2400 E. BUSELINE AVE.	LOT 36			
ICity	State	ZIP Code		
Home Phone No. (with area code)	51/	85119	81 PM	80 RCVD
	Work Phone No. (wit	th area code)		
662-524-8645			[
If licensee is a qualified organization, co	molete the follow	vina section:		
Member?	Date Joined Organi			
☐ Yes ☐ No	Cate Joined Organi	220011		
Officers?	Officer Title			
☐ Yes ☐ No				
Do you have an affidavit on file for any other licer	1500?			
Yes No If "Yes", list license num				
I for a lucies .	200 al	ha above borned affin	at under sonelts of se	when were noth danger
1, EDWARD WILCOX	, L	ne above-named ama	nt, under penalty of pe	erjury, upon oath, depose
and say that I will conduct or assist in co	nducting all bingo	games in compliance	with the terms of the	license, Arizona Revised
Statutes, Title 5, Chapter 4, and the rules of	of the licensing aut	hority. I am of good m	noral character and have	never been convicted of
_	_	-		
any misdemeanor involving moral turpite	ide or felony l hav	ve not and shall not re	ceive any reward, com	pensation or recompense
for my participation in the conduct of bi	ngo games except	as provided for by la	w. I hereby swear or	confirm that I have read
and understand the foregoing and verify	that the information	on and statements made	de herein are true and o	correct to the best of my
knowledge.				,
Ritowiedge.				-
	ŝ	Chrass Assignature of Affiant	Vilest	
		8/19/2025		
1				

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.

Position (check the appropriate boxes): Manager Supervisor Proceed Coordinator Assistant Affight's Name Dayer Holcomb Date of Birth Dat	may be used to establish positive identification it	or purposes of criminal background checks pursu	ant to A.K.S. 9 5-404.
Manager Supervisor Proceed Coordinator Assistant	Licensee's Name		License Number
Affant's Name Date of Birth Date of Birth Date of Birth Address State Argache Tunction State Argache Argache State Argache Tunction State Argache State Argache Argache State Argache State Argache Argac	Position (check the appropriate boxes):		
Afflent's Name Date of Birth Date of Birth Dete of Birth D	☐ Manager ☑ Supervisor ☐ Proceed Co	oordinator	
Address State Date of Birth DI 1959 Address State Detection Lot 281 Andress State Detection Lot 281 Andress Description Lot 281			88
Address 3.400 E BASELINE Lot 281 City Code 3.400 E BASELINE Lot 281 City Code Home Phone No. (with area code) Home Phone No. (with area code) Filter Base is a qualified organization, complete the following section: Member? Data Joined Organization Officer Title Officer Title Officer Title I Yes No Officer Title Officer Title I Yes No I Yes No I TYes", list license number(s): I, Diane Days Home No. (with area code) I Tyes No Sol RCVD Officer Title Officer Title Officer Title Officer Title I Yes No Officer Title Officer Title I Yes No Officer Title Officer Title Officer Title Officer Title Officer Title I Yes No Officer Title I Yes No Officer Title Officer Title Officer Title Officer Title Officer Title Officer Title I Yes No Officer Title I Yes No Officer Title I yes officer and a for perjury, upon oath, depose and say that I will consend 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	Affiant's Name		
Address 3-400 E BA Seline Lot 281 City Anache Tunction State Z SP Code A Seline Z State Z ST Code A Seline Z State	Diane Dwyer	Troicomb	
City Arache Junction State 2 8519 Home Phone No. (with area code) Work Phone No. (with area code) Glicensee is a qualified organization, complete the following section: Member? Dete Joined Organization Wes No Officer Title Yes No Officer Title No If "Yes", list license number(s): I, Arache Duyer Home No. (with area code) I, Arache Duyer Home No. (with area code) I, Arache No Arache Junction State 2 8519 In the section: In the section: In the section of the for any other licensee? If yes No If "Yes", list license number(s): In the section 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		Date of Birth	
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Signature of Afflant 8/19/25		Signature of Afflant	wyer Holcomb
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8/19/25 Date		0/10/	- 11

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

Phoenix, AZ 85007