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.

	to the expiration date,	<u> </u>						
•	oplicant's Name				F	alsification	of	Information
	nda Guetzskow alling Address				2555365			application
-10	50 S Tomahawk Rd, Site 3	72			\$2 marks	onstitutes	E EUROPE DE LA COMPANION DE LA	and the second s
b C			State ZIP	Code		ENUE USE ONL'	. DO NOT	MARK IN THIS AREA.
A	pache Junction		AZ 851	19	88			
	dministrative Office Location				- 11			
2! b C	<u>50 S Tomahawk RD, Site 3</u> _{Itv}	76	State ZIP	Code				
			AZ 851	19				
a N	pache Junction, ame of Contact Person		4b Telephone	No.				
E	loyd Ogden -mail Address	<u></u>	(509) 954-4	033	_	DM.	- F	T POVD
			4c Fax No.	070	81	PM	1	RCVD
W	eavers1947@dmail.com		(480) 671-6	0/6				
5	Class B and Class C licens organization: Charitable	e applicants only:		qualified or	ganization, o		to indicaterans	ite the type of
		☐ Volunteer Fire Do		-	ers Associati	on 🔲 No	nprofit A	mbulance Service
_	Class B and Class C licens		•	alified organ	nization no	iide nerent or	auvilian,	information:
6	6a Parent Name	e applicants only a	applying as a qu	6b Auxiliary		nue parent or	auxiliary	monnadon.
	oa Parent Name			- CANALINAL Y	1141110			
	Address - Number and Street,	Rural Rt., Apt. No.		Address - I	Number and S	treet, Rural Rt.,	Apt. No.	
	City	State ZIF	P Code	City		:	State	ZIP Code
	Class B and Class C licens established in Arizona: [21,1] Class B and Class C licens 8a Name	49,514,4,4						
				-				
	Title			Title				
	Address - Number and Street,	Rural Rt., Apt. No.		Address - I	Number and S	treet, Rural Rt.,	Apt. No.	
	City	State ZII	P Code	City			State	ZIP Code
	8c Name			8d Name				
	Title			Title				
	Address - Number and Street,	Rural Rt., Apt. No.		Address -	Number and S	treet, Rural Rt.,	Apt. No.	

	City	State ZI	P Code	City			State	ZIP Code
				1			Con	tinued on page 2 -
		REVENUE	USE ONLY. DO N	OT MARK IN	THIS AREA.			
]Approved	isapproved	☐ Class A			B License	Cla	ss C License
Re	viewer's Name (please print)	Date	License Number		Effective Date	3	Expiration	n Date

plicant's Name (as shown on	page 1)		4. 大学技术 医乳型 斯巴克斯氏
da Guetzskow			APPLICATION FOR BINGO LICENS
Class B and Class C II	cense applicants only: Bingo che	cking account informat	ion: Bank Branch
Checking Account Number	Bank Name		Bank Branch
	cense applicants only: Bingo inte	rest-bearing account in	formation: Bank Branch
Account Number	Bank Name		Dalik Dialidi
			ors authorized to sign checks from the accour
	as a qualified organization, all sup		mbers of the applicant:
11a Name		11b Name	
Title		Title	
Address - Number and St	reet, Rural Rt., Apt. No.	Address - Numbe	r and Street, Rural Rt., Apt. No.
City	State ZIP Code	City	State ZIP Code
List the name(s) of the	one or two persons who will serve a	as managers. If applyi	ng as a qualified organization, these persons
must be members of ti	ne applicant. Each person must sub	omit an affidavit.	
12a Name		12b Name	
Linda Guetzskow		Title	
Manager		THE STATE OF THE S	
Address - Number and St	reet, Rural Rt., Apt. No.	Address - Numbe	r and Street, Rural Rt., Apt. No.
250 S Tomahawk Rd	. Site 372		
City	State ZIP Code	City	State ZIP Code
Apache Junction	AZ 85119		.,
			as a qualified organization, this person must t
an officer or director a	and a member of the applicant. Ea		
Name			or and Street, Rural Rt., Apt. No.
Diane Ogden	<u> </u>	250 S Tomaha	awk Rd. Site 376 State ZIP Code
Proceeds Coordinate	A.P.	Apache Juncti	
		The second secon	
			alified organization, each person must be a
	nt. Each person must submit an affi		
14a Name		14b Name	
Gary Olson		Title	
Supervisor		1	
Address - Number and S	treet, Rural Rt., Apt. No.	Address - Number	er and Street, Rural Rt., Apt. No.
250 S Tomahawk, S	te 259	Olt	State ZIP Code
City	State ZIP Code	City	State ZIP Code
Apache Junction 14c Name	AZ 85119	14d Name	
Title		Title	
Address – Number and S	treet Rurel Rt. Ant. No.	Address - Number	er and Street, Rural Rt., Apt. No.
Audiess - Nullipel sind 5	uose, nuidi ne, npe No.	Mariess - Idaniba	ण जारच चल्लेच्यानु १ ५व्याच्या १ २५०५ १ पूर्वक १ ४व्यः
City	State ZIP Code	City	State ZIP Code
1 -			

Appli	cant	's Na	me (as show	n on page 1)		3				ENG	
ind	a G	uetz	zskow						APPLICATIO	N FOR E	BINGO LICENSE
15	List	the mbe	name(s) of	the person(s) who wil	I serve as assis	tants. If ap Class A" lice	plying a ensees,	s a qualified org	ganization, ea ust submit an	nch perso affidavit	n must be a
		a Nar					5b Name				
	15	: Nai	me	<u> </u>		1	5d Name				
	15	Na Na	me			11	5f Name				
	15	g Nai	me			11	5h Name		<u> </u>		
16				he physical location w k Road, Apache Ju							
17	Ind			n each respective day	that bingo will!	be played: WEI		THUR	FF	1	SAT
			SUN □a.m.	MON a.m.	□a.m.		☐a.m.	□a.		□a.m.	□a.m.
	_		p.m.	p.m	p.m.	7:00	⊿ ⊠ p.m.	р.	.m.	_ı□ p.m.	p.m.
18	Lis	t dat	es of propo	sed game cancellation	n if any:						
19	Ind	licate	e the type o	f premises where bing	jo wili be played	l. Check or	ne box:				
	а	双	Neither ren	t nor mortgage will be	paid from bings	o 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 I	Number (with area code)			City			State	ZIP Code
	С			ely by the organization	n. Attach <u>copy</u> (of mortgage	e, deed o	of trust, purchas	se agreement	, escrow	agreement, or
			Holder of M			-	Address	- Number and S	Street, Rural Rt	, Apt. No.	
			Telephone	Number (with area code)			City			State	ZIP Code
	d		-	ntly with other organize	ation. Attach co	py of mortg	gage, de	ed of trust, purc	chase agreen	nent, esci	row agreement, or
			1) Holder o	f Mortgage			Address - Number and Street, Rural Rt., Apt. No.				
			Telephone Number (with area code) 2) Co-Owner Holder:			City State ZIP Code				ZIP Code	
						Address Number and Street, Rural Rt., Apt. No.					
			Telephone	Number (with area code)			City			State	ZIP Code
			3) Co-Own	er Holder:			Address	s – Number and S	Street, Rural Ri	., Apt. No.	
			Telephone	Number (with area code))		City			State	ZIP Code

Continued on page 4 →

icani	rs Name (as shown	on page 1)				
la G	uetzskow				APPLICATION FO	R BINGO LICENS
	t bingo licensees v		ucting bingo in the	e same premises as	s you and those licensees loca	ated within 1,000
	a Name			20b Name		
L		101-1-101-101-A-1-11		Address Mumb	per and Street, Rural Rt., Apt. No.	
Ad	ldress – Number and	Street, Rural Rt., Apt. No).	Address - Numi	per and Street, Rural Rt., Apt. No.	
Cit	y	State	ZIP Code	City	State	ZIP Code
Ex	pected bingo expe	nses:				
а	Mortgage:	\$.0.00	_ per month			
	Payable to			Address - Nu	mber and Street, Rural Rt., Apt. N	lo.
	Telephone number	(with area code)		City	State	ZIP Code
b	Rent:	\$,0,00	_ per 🗍 month	☐ hour ☐ occa		
	Payable to			Address - Nu	mber and Street, Rural Rt., Apt. N	lo.
	Telephone number	(with area code)		City	State	ZIP Code
	relephone number	(with area code)		O.I.y	5.2.0	
		-				
_	Inchesial Camilan	00.01	not 🗖 month	hour occa	seion	
C	Janitorial Service	s: \$ <u>,0.00</u>	per mona		mber and Street, Rural Rt., Apt. N	lo.
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					<u> </u>
	Telephone number	r (with area code)		City	State	ZIP Code
d		ces: \$ <u>.0.00</u>	per month	hour occa		Jo.
	Payable to			Address - Nu	imber and Street, Rural Rt., Apt. I	40.
	Telephone number	r (with area code)		City	State	ZIP Code
8	Security Services	s: \$ <u>.0.00</u>	per 🔲 month	hour occ		
	Payable to			Address – Nu	imber and Street, Rural Rt., Apt. I	No.
	Telephone numbe	r (with area code)		City	State	ZIP Code
			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
f	Bingo Supplies:	\$.800.00	per <u>Year</u>			
	Payable to			Address - Nu	ımber and Street, Rural Rt., Apt. I	No.
	Cactus Bingo	r (with area code)		City	State	ZIP Code
	lesebuoue unupe	ii (Mirii giasi coda)		Oity	04.0	

Line 21 continues on page 5 →

Expected Bingo Expenses, continued g Maximum prize payout per occasion: \$.700.00 Attach game schedule that lists individual prize amounts. Paid to Address - Number and Street, Rural Rt., Apt. No. Telephone number (with area code) City State ZIP Code 1. Utility Expenses: Electric (payable to) Address - Number and Street, Rural Rt., Apt. No. Q Account Number Monthly Amount City State ZIP Code Gas (psyable to) Address - Number and Street, Rural Rt., Apt. No. Q Account Number Monthly Amount City State ZIP Code Water (psyable to) Address - Number and Street, Rural Rt., Apt. No. Q Account Number Monthly Amount City State ZIP Code Water (psyable to) Address - Number and Street, Rural Rt., Apt. No. Q Account Number Monthly Amount City State ZIP Code Trash Removal (psyable to) Address - Number and Street, Rural Rt., Apt. No. Q Account Number Monthly Amount City State ZIP Code S Eriefly state the specific projected use of net proceeds from games of bingo: Provide funds for recreational and social activities of Weavers Needle RV Resort residents. Linda Gustzskow under penalty of perjury and upon oath, declare that I am duly authorized to add file this application. I hereby swear or confirm that I have read the foregoing application and know the contents thereof and it information provided has been fully, accurately, and truthfully completed to the best of my knowledge. Linda Gustzskow Manager Title	g Maximum prize payout per	occasion: \$.700.00			
Maximum prize payout per occasion: \$.700.00	g Maximum prize payout per	occasion: \$.700.00			
Paid to Address – Number and Street, Rural Rt, Apt. No. Telephone number (with area code) City State ZIP Code h Utility Expenses: Electric (payable to) Account Number Monthly Amount City State ZIP Code Gas (payable to) Account Number Monthly Amount City State ZIP Code Address – Number and Street, Rural Rt, Apt. No.					
Telephone number (with area code) City State ZIP Code Number and Street, Rural Rt., Apt. No. Account Number Monthly Amount State City State ZIP Code Address – Number and Street, Rural Rt., Apt. No. Account Number Monthly Amount City State ZIP Code Address – Number and Street, Rural Rt., Apt. No. Account Number Monthly Amount City State ZIP Code Trash Removal (payable to) Address – Number and Street, Rural Rt., Apt. No. Account Number Monthly Amount City State ZIP Code Trash Removal (payable to) Address – Number and Street, Rural Rt., Apt. No. Account Number Monthly Amount City State ZIP Code Trash Removal (payable to) Address – Number and Street, Rural Rt., Apt. No. City State ZIP Code Trash Removal (payable to) Address – Number and Street, Rural Rt., Apt. No. City State ZIP Code Trash Removal (payable to) Address – Number and Street, Rural Rt., Apt. No. O Account Number Monthly Amount City State ZIP Code S City State ZIP Code City City City State City State	[Paid to	(mda)	Address - Number an	J. Charles A. Drawel Phys. Acad. 51-	
h Utility Expenses: Electric (payable to) Account Number Monthly Amount City State ZIP Code Gas (payable to) Account Number Monthly Amount City State ZIP Code Water (payable to) Account Number Monthly Amount City State ZIP Code Water (payable to) Account Number Monthly Amount City State ZIP Code Trash Removal (payable to) Account Number Monthly Amount City State ZIP Code Trash Removal (payable to) Account Number Monthly Amount City State ZIP Code Trash Removal (payable to) Account Number Monthly Amount City State ZIP Code Trash Removal (payable to) Account Number Monthly Amount City State ZIP Code Trash Removal (payable to) Account Number Monthly Amount City State ZIP Code Trash Removal (payable to) Account Number Monthly Amount City State ZIP Code Trash Removal (payable to) Account Number Monthly Amount City State ZIP Code Address - Number and Street, Rural Rt., Apt. No. O Account Number Monthly Amount City State ZIP Code		(above	I	id Street, Rural RL, Apt. No	•
Electric (payable to) Account Number Monthly Amount City State ZIP Code City State ZIP Code Address – Number and Street, Rural Rt., Apt. No. Account Number Monthly Amount City State ZIP Code City State ZIP Code Water (payable to) Account Number Monthly Amount City State ZIP Code City State ZIP Code Water (payable to) Account Number Monthly Amount City State ZIP Code Trash Removal (payable to) Account Number Monthly Amount City State ZIP Code Trash Removal (payable to) City State ZIP Code Trash Removal (payable to) Account Number Monthly Amount City State ZIP Code City State ZIP Code City State ZIP Code City State ZIP Code City State Linda Guetzskow Junder penalty of perjury and upon oath, declare that I am duly authorized to dile this application. I hereby swear or confirm that I have read the foregoing application and know the contents thereof and	Telephone number (with area	Code)	City	State	ZIP Code
Electric (payable to) Account Number Monthly Amount City State ZiP Code	h Utility Expenses:				
Sas (psyable to) Account Number Monthly Amount City State ZiP Code Water (psyable to) Account Number Monthly Amount City State ZiP Code Water (psyable to) Account Number Monthly Amount City State ZiP Code Trash Removal (psyable to) Account Number Monthly Amount City State ZiP Code Trash Removal (psyable to) Account Number Monthly Amount City State ZiP Code Briefly state the specific projected use of net proceeds from games of bingo: Provide funds for recreational and social activities of Weavers Needle RV Resort residents.	Electric (payable to)		Address - Number an	nd Street, Rural Rt., Apt. No	•
Gas (psyable to) O Account Number Monthly Amount City State ZiP Code Water (psyable to) O Account Number Monthly Amount City State ZiP Code Water (psyable to) O Account Number Monthly Amount City State ZiP Code Trash Removal (psyable to) O Account Number Monthly Amount City State ZiP Code Trash Removal (psyable to) O Account Number Monthly Amount City State ZiP Code Enlefty state the specific projected use of net proceeds from games of bingo: Provide funds for recreational and social activities of Weavers Needle RV Resort residents.	O Account Number		City	State	ZIP Code
Water (payable to)	Gas (payable to)		Address - Number ar	nd Street, Rural Rt., Apt. No	•
Water (payable to)	0	Bitanibh Amaunt	Clhy	Stote	ZIP Code
Account Number Monthly Amount City State ZIP Code Trash Removal (payable to) Address - Number and Street, Rural Rt., Apt. No. Account Number Monthly Amount City State ZIP Code Briefly state the specific projected use of net proceeds from games of bingo: Provide funds for recreational and social activities of Weavers Needle RV Resort residents. Linda Guetzskow under penalty of perjury and upon oath, declare that I am duly authorized to dile this application. I hereby swear or confirm that I have read the foregoing application and know the contents thereof and	Account Number	1 -	Oity	0210	211 0000
Trash Removal (payable to) Account Number Monthly Amount City State ZIP Code Briefly state the specific projected use of net proceeds from games of bingo: Provide funds for recreational and social activities of Weavers Needle RV Resort residents.	Water (payable to)	Water (payable to)		nd Street, Rural Rt., Apt. No	
Account Number Monthly Amount City State ZIP Code Briefly state the specific projected use of net proceeds from games of bingo: Provide funds for recreational and social activities of Weavers Needle RV Resort residents. Linda Guetzskow, under penalty of perjury and upon oath, declare that I am duly authorized to dile this application. I hereby swear or confirm that I have read the foregoing application and know the contents thereof and	Account Number		City	State	ZIP Code
Briefly state the specific projected use of net proceeds from games of bingo: Provide funds for recreational and social activities of Weavers Needle RV Resort residents. Linda Guetzskow, under penalty of perjury and upon oath, declare that I am duly authorized to dile this application. I hereby swear or confirm that I have read the foregoing application and know the contents thereof and	Trash Removal (payable to)	Trash Removal (payable to)		nd Street, Rural Rt., Apt. No) .
Provide funds for recreational and social activities of Weavers Needle RV Resort residents. Linda Guetzskow, under penalty of perjury and upon oath, declare that I am duly authorized to dile this application. I hereby swear or confirm that I have read the foregoing application and know the contents thereof and	Account Number		City	State	ZIP Code
d file this application. I hereby swear or confirm that I have read the foregoing application and know the contents thereof and	Mark the fact a finding of the contract of the first of t			sort residents.	
PLICANT'S SIGNATURE Information provided has been fully, accurately, and truthfully completed to the best of my knowledge. Manager TITLE	file this application. I hereby	swear or confirm that I have	read the foregoing applicat	ion and know the conter	authorized to sig
PERCANTS SIGNATURE DATE TITLE	information provided has been M. J.	tully, accurately, and truthful turble of the following securately, and truthful turble of the following securately securately secure of the following securately secure of the following securately secure of the following secure of th	Manager	my knowledge.	
Please mail to: Arizona Department of Revenue, PO Box 29019, Phoenix, AZ 85038-9019	PLICAN I'S SIGNATURE	O DATE	IIIEE		

ADOR 10334 (1/14) Previous 71-1010 (4/06)

Arizona	Form	l
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 Arizona Revised Statutes § 5-404.

Licensee's Name		······································	License Number				
LINDA GUETZKOW							
Position (check the appropriate boxes):							
Manager Supervisor Proceed Co	REVENUE USE ONLY. DO N	OT MARK IN THIS AREA.					
			88				
Affiant's Name							
FLOYD OGDEN		<u> </u>	<u> </u>				
Social Security Number	Date of Birth		H				
	District of the District		41				
Address							
250 S TOMAHAWK RD, #376	State	ZIP Code	41				
City			ET DIV	E BOYD			
APACHE JUNCTION Home Phone No. (with area code)	AZ Work Phone No. (with	185119	81 PM	BO RCVD			
1 ' '	With Filancia. (With	area code)					
509-954-4033							
If licensee is a qualified organization, co	mplete the following	na section:					
Member?	Date Joined Organiz						
☐ Yes ☐ No	1 1						
Officer Title							
☐ Yes ☐ No							
Do you have an affidavit on file for any other licer	isee?						
☐ Yes ☐ No If "Yes", list license num	iber(s):						
			_				
I, FLOYD OGDEN	410	100					
AFFIANT'S NAME			under penalty of perjury,				
and say that I will conduct or assist in co	onducting all bingo	games in compliance wi	th 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 turpit	ude or felony. I have	e not and shall not recei-	ve any reward, compensat	ion 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,		N	2 -/ /				
		11/1	11/1/2				
		1//	11 /////				
	-	4 1911	e Oyp				
	Sig	mature of Affiant	-				
			1				
	. #7	9/10/18	•				
	Dε	ite /					
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Please mail to: Arizona Department of Revenue, PO Box 29019, Phoenix, AZ 85038-9019

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	830	1	

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 Arizona Revised Statutes § 5-404.

Discourse Name of the Control of the			11	
Licensee's Name			License Number	
LINDA GUETZKOW				
Position (check the appropriate boxes):				
Manager Supervisor Proceed Co	ordinator		REVENUE USE ONLY. DO N	OT MARK IN THIS AREA,
Affiant's Name				
DIANE K OGDEN				
Social Security Number	Date of Birth			
	NEUTRALIA (120			
Address				
250 S TOMAHAWK RD, #376				
City	State	ZIP Code		
APACHE JUNCTION	AZ	85119	81 PM	80 RCVD
Home Phone No. (with area code)	Work Phone No. (with are	sa code)		
09-954-4133				
If licenses in a guelified conspication of	mantata tha fallaccina			
If licensee is a qualified organization, co			٦	
Member?	Date Joined Organization	on		
Yes No	100 50		-	
Officers?	Officer Title			
☐ Yes ☐ No Do you have an affidavit on file for any other licer	1		-{	
Yes No If "Yes", list license num	iber(s):	·	_	
				· · · · · · · · · · · · · · · · · · ·
I, DIANE K OGDEN	, the a	ibove-named affiant, u	nder penalty of perjury,	upon oath, depose
and say that I will conduct or assist in co				
Statutes, Title 5, Chapter 4, and the rules	of the licensing authori	ty. I am of good moral	character and have never	been convicted of
any misdemeanor involving moral turpiti	ade or felony. I have n	ot and shall not receive	any reward, compensati	on or recompense
for my participation in the conduct of b	ingo games except as	provided for by law.	hereby swear or confirm	n that I have read
and understand the foregoing and verify				
knowledge.	that the intermetion a	and statements made in	sem are true and correct	to the best of my
knowledge			w nan w	
	(1) 1	1/11	
	Signa	ature of Affiant	L. Ogder	
		0/10/10	7	
		4/10/18		
	Date	ι		

Please mail to: Arizona Department of Revenue, PO Box 29019, Phoenix, AZ 85038-9019

Ariz	ona	For	m
	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 Arizona Revised Statutes § 5-404.

Licensee's Name			License Number	
LINDA GUETZKOW				
Position (check the appropriate boxes):	Made Armana			
Manager Supervisor Procee	REVENUE USE ONL	REVENUE USE ONLY. DO NOT MARK IN THIS AREA		
			88	
Affiant's Name				
PATRICIA LINDROTH				
Social Security Number	Date of Birth			
Address			11	
250 S TOMAHAWK RD,	10: :	Internal Internal		
City	State	ZIP Code		
APACHE JUNCTION	AZ	85119	81 PM	80 RCVD
Home Phone No. (with area code)	Work Phone N	No. (with area code)		
806-654-4240				
If licensee is a qualified organization	complete the f	ollowing section:		
Member?	Date Joined (
Yes No	Date Joined	Organization	_	
Officers?				
☐ Yes ☐ No	John Con Third			
Do you have an affidavit on file for any other	licensee?			
Yes No If "Yes", list license				
100 1100 1100 1100 1100	ria ribor(o).			
I, PATRICIA LINDROTH		, the above-named affi	ant, under penalty of pe	erjury, upon oath, depose
and say that I will conduct or assist	in conducting all	bingo games in compliance	e with the terms of the	license. Arizona Revised
Statutes, Title 5, Chapter 4, and the ru	iles of the licensin	ig authority. I am of good i	noral character and have	e never been convicted of
any misdemeanor involving moral tu	rpitude or felony.	I have not and shall not r	eceive any reward, com	pensation or recompense
for my participation in the conduct				•
		•	•	
and understand the foregoing and ve	rify that the infor	mation and statements ma	ade herein are true and	correct to the best of my
knowledge.			1	
				1/-
		1 to a	. ~ / , . /	
		TWICK	acsina	UTC
		Signature of Affiant	1	
		9-11-	18	
		Date	<i>7</i>	

Please mail to: Arizona Department of Revenue, PO Box 29019, Phoenix, AZ 85038-9019

Arizo	na Fo	rm	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. License Number Date ☐ Change of Location ■ New Application From (Name of local governing body) REVENUE USE ONLY. DO NOT MARK IN THIS AREA. Address (number and street, PO Box) ZIP Code State City Phone No. (with area code) 80 RCVD 81 PM 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 Linda Guetzskow
 Location/Address where games will be conducted: ZIP Code City State 85119 Appache Junction 250 S Tomahawk Rd 4 Fill in the time on the days games will be played: WED THUR FRI SAT TUE SUN MON □a.m. ☐a.m. □a.m. □a.m. □a.m. ☐a.m. □a.m. □p.m. |7:00 □p.m. p.m. $\square_{p,m}$ ⊠p.m. . □p.m. □p.m. 5 Background investigations: ☐ have <u>not</u> been conducted on all individuals listed in the Bingo License Application. ☐ have 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 DATE TITLE SIGNATURE Please mail to: Artzona Department of Revenue, PO Box 29019, Phoenix, AZ 85038-9019