

- 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 Edward Bergin	
2a Mailing Address 999 W. Broadway Ave A-22	
2b City Apache Jct	State ZIP Code AZ ~85120
3a Administrative Office Location 999 W. Broadway Ave	
3b City Apache Jct	State ZIP Code AZ 85120
4a Name of Contact Person Edward Bergin	4b Telephone No. (970) 481-5357
4c E-mail Address epb3224@aol.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.

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	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, 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	8b 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
8c Name	8d 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

Continued on page 2 →

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)

Edward Bergin

APPLICATION FOR BINGO LICENSE

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

Checking Account Number	Bank Name	Bank Branch
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10 Class B and Class C license applicants only: Bingo interest-bearing account information:

Account Number	Bank Name	Bank Branch
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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	11b 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

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	12b Name
Edward Bergin	
Title	Title
Manager	
Address – Number and Street, Rural Rt., Apt. No.	Address – Number and Street, Rural Rt., Apt. No.
999 W. Broadway AVE	
City State ZIP Code	City State ZIP Code
Apache Jct AZ 85120	

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	Address – Number and Street, Rural Rt., Apt. No.
Edward Bergin	999W. Broadway Ave A-22
Title	City State ZIP Code
Proceeds coordinator	Apache Jct AZ 85120

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	14b Name
EDWARD BERGIN	
Title	Title
SUPERVISOR	
Address – Number and Street, Rural Rt., Apt. No.	Address – Number and Street, Rural Rt., Apt. No.
999 W. BROADWAY AVE - A-22	
City State ZIP Code	City State ZIP Code
APACHE JCT AZ 85120	
14c Name	14d 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

Applicant's Name (as shown on page 1)

Edward Bergin

APPLICATION FOR BINGO LICENSE

- 15** 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.

15a Name Edward Bergin	15b Name Grant Hansen
15c Name Ron Trapp	15d Name
15e Name	15f Name
15g Name	15h Name

- 16** Street address of the physical location where bingo will be played:

999 W. Broadwat Ave

- 17** Indicate the time on each respective day that 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.	<input 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 checked="" type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.

- 18** List dates of proposed game cancellation if any:

Dec. 24th and Dec.31st

- 19** 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

Continued on page 4 →

Applicant's Name (as shown on page 1)

Edward Bergin

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 Golden Sun Activities			20b Name		
Address – Number and Street, Rural Rt., Apt. No. 999 W. Broadway Ave			Address – Number and Street, Rural Rt., Apt. No.		
City Apache Jct	State AZ	ZIP Code 85120	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: \$_____ per Various

Payable to Cactus Bingo	Address – Number and Street, Rural Rt., Apt. No. 3210 E. Roeser Rd		
Telephone number (with area code) (602) 268-2848	City Phoenix	State AZ	ZIP Code 85040

Line 21 continues on page 5 →

Applicant's Name (as shown on page 1)

Edward Bergin

APPLICATION FOR BINGO LICENSE

21 Expected Bingo Expenses, continued...

- g** Maximum prize payout per occasion: \$_____. *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

- h** Utility Expenses:

Electric (payable to)		Address – Number and Street, Rural Rt., Apt. No.		
Account Number	Monthly Amount \$	City	State	ZIP Code

Gas (payable to)		Address – Number and Street, Rural Rt., Apt. No.		
Account Number	Monthly Amount \$	City	State	ZIP Code

Water (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

22 Briefly state the specific projected use of net proceeds from games of bingo:

Fund the Golden Sun Activites Committee

I, Edward Bergin, 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.

Edward Bergin 9-21-19
APPLICANT'S SIGNATURE DATE TITLE

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

☎ (602) 716-7801

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.

<input type="checkbox"/> New Application	<input type="checkbox"/> Change of Location	Date	License Number
From (Name of local governing body)			REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88
Address (number and street, PO Box)			
City	State	ZIP Code	
Phone No. (with area code)			
			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 EDWARD BERGIN
- 3 Location/Address where games will be conducted: 999 W. BROADWAY AVE. City APACHE JCT State AZ ZIP Code 85120

- 4 Fill in the time on the days games will be played:

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

- 5 Background investigations:
- ☐ have ☐ have not been conducted on all individuals listed in the Bingo License Application.

- 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, PO Box 29019, Phoenix, AZ 85038-9019

**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 Arizona Revised Statutes § 5-404.

Licensee's Name <u>EDWARD BERGIN</u>	License Number
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Affiant's Name <u>EDWARD BERGIN</u>		
Social Security Number <u>318-24-3964</u>	Date of Birth <u>04/23/1937</u>	
Address <u>999 W. BROADWAY AVE A-22</u>		
City <u>APACHE JCT</u>	State <u>AZ</u>	ZIP Code <u>85100</u>
Home Phone No. (with area code) <u>970 481 5357</u>	Work Phone No. (with area code) <u>X</u>	

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
<input type="checkbox"/> 88	
<input type="checkbox"/> 81 PM	<input type="checkbox"/> 80 RCVD

If licensee is a qualified organization, the following section is required:

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): _____	

☐ Position: Proceeds Coordinator

I, EDWARD BERGIN, the above-named affiant, under penalty of perjury, upon oath, depose and say that I will use net proceeds 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 am not currently serving as a manager, proceeds coordinator or supervisor on another bingo license. 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 Bergin
Signature of Affiant
9-21-2019
Date

☐ Position: Manager

I, EDWARD BERGIN, 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 am not currently serving as a manager, proceeds coordinator or supervisor on another bingo license. 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 Bergin
Signature of Affiant
9-21-2019
Date

Affiant's Name (as shown on page 1)

EDWARD BERGIN

Bingo Affidavit

☐ Position: Supervisor

I, EDWARD BERGIN
AFFIANT'S NAME, the above-named affiant, under penalty of perjury, upon oath, depose and say that I will be continuously present on the premises during all bingo games and until all associated activities have been completed 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 am not currently serving as a manager, proceeds coordinator or supervisor on another bingo license. 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 Bergin
Signature of Affiant

9-21-19
Date

☐ Position: Assistant

I, _____
AFFIANT'S NAME, 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 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

Review Form and Sign Before Submitting

To avoid processing delays and errors, take a few moments to make sure you have entered all of the required information and verify that it is accurate.

Affiant's Signature

Sign and date the form.

The form can be:

Emailed to:
bingo@azdor.gov

Faxed to:
602-716-7973

Mailed to:
Bingo Tax Unit
PO Box 29019
Phoenix, AZ 85038-9019

Bingo Customer Service Center Locations

8:00 a.m. - 5:00 p.m.
Monday through Friday
(Except legal Arizona state holidays)

Phoenix Office
1600 West Monroe
Phoenix, AZ 85007

Bingo Customer Service Telephone Number

(602) 716-7801