

- 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 <b>CAROLYN J WILCOX</b>	
2a Mailing Address <b>APACHE JUNCTION</b>	
2b City <b>APACHE JUNCTION</b>	State ZIP Code <b>AZ 85119</b>
3a Administrative Office Location <b>400 E. Baseline Ave</b>	
3b City <b>Apache Junction</b>	State ZIP Code <b>AZ 85119</b>
4a Name of Contact Person <b>Carol Little</b>	4b Telephone No. <b>---</b>
4c Email Address <b>---</b>	4e Fax No. <b>---</b>

<b>Falsification of information contained in this application constitutes a Class 6 felony.</b>	
REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
<b>88</b>	
<b>81</b> PM	<b>80</b> 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)

Carolyn J. Wilcox

## APPLICATION FOR BINGO LICENSE

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

Checking Account Number	Bank Name	Bank Branch
-------------------------	-----------	-------------

## 10 Class B and Class C license applicants only: Bingo interest-bearing account information:

Account Number	Bank Name	Bank Branch
----------------	-----------	-------------

## 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 Carolyn J. Wilcox	12b Name
Title	Title
Address – Number and Street, Rural Rt., Apt. No. /	Address – Number and Street, Rural Rt., Apt. No.
City Apache Junction State AZ ZIP Code 85119	City State ZIP Code

## 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 Carol K. Fritz	Address – Number and Street, Rural Rt., Apt. No. /
Title	City Apache Junction, AZ State AZ ZIP Code 85119

## 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 Edward E. Wilcox	14b Name
Title	Title
Address – Number and Street, Rural Rt., Apt. No. /	Address – Number and Street, Rural Rt., Apt. No.
City Apache Junction, AZ State AZ ZIP Code 85119	City State ZIP Code
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

Christy K. Wilcox

## 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	15b Name
15c Name	15d Name
15e Name	15f Name
15g Name	15h Name

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

---

- 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 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.

- 18 List dates of proposed game cancellation if any:

---

- 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)

*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: <sup>approx</sup> \$ 700.00 per year

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

Line 21 continues on page 5 →

Applicant's Name (as shown on page 1)

*Carolyn J. Wilcox*

## APPLICATION FOR BINGO LICENSE

## 21 Expected Bingo Expenses, continued...

g Maximum prize payout per occasion: *undetermined* 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) <i>0</i>		Address - Number and Street, Rural Rt., Apt. No.	
Account Number	Monthly Amount \$	City	State ZIP Code

Gas (payable to) <i>0</i>		Address - Number and Street, Rural Rt., Apt. No.	
Account Number	Monthly Amount \$	City	State ZIP Code

Water (payable to) <i>0</i>		Address - Number and Street, Rural Rt., Apt. No.	
Account Number	Monthly Amount \$	City	State ZIP Code

Trash Removal (payable to) <i>0</i>		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:

*Providing funds for Social Activity*

I, *Carolyn J. Wilcox*, 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.

*Carolyn J. Wilcox* 1/14/19  
 APPLICANT'S SIGNATURE DATE TITLE

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

(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 Arizona Revised Statutes § 5-404.

Licensee's Name	License Number
-----------------	----------------

Affiant's Name <i>Carole K Fritz</i>		
Social Security Number	Date of Birth	
Address		
City <i>Apache Junction</i>	State <i>AZ</i>	ZIP Code <i>85119</i>
Home Phone No. (with area code)	Work Phone No. (with area code) <i>2</i>	

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
<b>88</b>	
<b>81</b> PM	<b>80</b> RCVD

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

Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Joined Organization <i>JAN 10 2019</i>
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, *Carole K Fritz* AFFIANT'S NAME, 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.

*Carole K Fritz*  
Signature of Affiant

*1-13-2019*  
Date

☐ **Position: Manager**

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 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.

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Date

Carol K. Fritz

**Bingo Affidavit**☒ **Position: Supervisor**

I, \_\_\_\_\_, the above-named affiant, under penalty of perjury, upon oath,  
AFFIANT'S NAME  
 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.

\_\_\_\_\_  
Signature of Affiant\_\_\_\_\_  
Date☐ **Position: Assistant**

I, \_\_\_\_\_, the above-named affiant, under penalty of perjury, upon oath,  
AFFIANT'S NAME  
 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

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	License Number
-----------------	----------------

Affiant's Name <u>CAROLYN I WILCOX</u>			REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
Social Security Number		Date of Birth		
Address				
City <u>APACHE JUNCTION</u>	State <u>AZ</u>	ZIP Code <u>85119</u>		
Home Phone No. (with area code)		Work Phone No. (with area code)		
		<u>81</u> PM		<u>80</u> RCVD

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

Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Joined Organization <u>04/10/2019</u>
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):	

<input type="checkbox"/> Position: Proceeds Coordinator
I, <u>CAROLYN I WILCOX</u> , 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.
Signature of Affiant
Date

<input checked="" type="checkbox"/> Position: Manager
I, <u>CAROLYN I WILCOX</u> , 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.
Signature of Affiant <u>Carolyn I. Wilcox</u>
Date <u>1-14-19</u>



Affiant's Name (as shown on page 1) Carolyn J. Wilcox

## Bingo Affidavit

☒ Position: Supervisor

I, 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.

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
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

# Bingo

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
88	
81 PM	80 RCVD

☐ Position: Proceeds Coordinator

I, \_\_\_\_\_, 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.

            
**Date**

☒ Position: Manager

I, \_\_\_\_\_, the above-named affiant, under penalty of perjury, upon oath,  
AFFIANT'S NAME  
 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.

Date \_\_\_\_\_



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	License Number
-----------------	----------------

Affiant's Name <b>EDWARD WILCOX</b>		
Social Security Number	Date of Birth	
Address		
City <b>APACHE JUNCTION</b>	State <b>AZ</b>	ZIP Code <b>85119</b>
Home Phone No. (with area code)	Work Phone No. (with area code)	

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88	
81 PM	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 <b>MARCH 1991</b>
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, AFFIANT'S NAME, 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.

Signature of Affiant

Date

☒ Position: Manager

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 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.

Signature of Affiant

Date

Affiant's Name (as shown on page 1)

EDWARD WILCOX

## Bingo Affidavit

☒ Position: Supervisor

I, EDWARD WILCOX, the above-named affiant, under penalty of perjury, upon oath,

AFFIANT'S NAME

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 Wilcox  
Signature of Affiant

Jan. 14, 2019  
Date

☐ Position: Assistant

I, \_\_\_\_\_, the above-named affiant, under penalty of perjury, upon oath,

AFFIANT'S NAME

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