

# 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 live bingo games, you must renew your license prior to the expiration date pursuant to A.R.S. §§ 5-403(C) and 5-410.

<b>1 Applicant's Name</b> Superstition Mountain Auxiliary 9399		
<b>2a Mailing Address</b> PO Box 1037		
<b>2b City</b> Apache Junction	<b>State</b> AZ	<b>ZIP Code</b> 85120
<b>3a Administrative Office Location</b> 133 N Saguaro St		
<b>3b City</b> Apache Junction	<b>State</b> AZ	<b>ZIP Code</b> 85120
<b>4a Name of Contact Person</b> Debi Rankin	<b>4b Telephone No.</b> (480) 628-1900	
<b>4c E-mail Address</b> rankindebi@aol.com	<b>4c Fax No.</b>	

**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:*

<b>6a Parent Name</b> VFW Superstition Mountain 9399			<b>6b Auxiliary Name</b> VFW Superstition Mountain Auxiliary		
Address – Number and Street, Rural Rt., Apt. No. 133 N Saguaro St			Address – Number and Street, Rural Rt., Apt. No. 133 N Saguaro St		
<b>City</b> Apache Junction	<b>State</b> AZ	<b>ZIP Code</b> 85120	<b>City</b> Apache Junction	<b>State</b> AZ	<b>ZIP Code</b> 85120

**7 Class B and Class C license applicants only** applying as a qualified organization, *list the current officers or Board of Directors of the organization:*

<b>7a Name</b> Amy Timbes			<b>7b Name</b> Debi Rankin		
<b>Title</b> President			<b>Title</b> Secretary		
Address – Number and Street, Rural Rt., Apt. No. [REDACTED]			Address – Number and Street, Rural Rt., Apt. No. [REDACTED]		
<b>City</b> Apache Jct	<b>State</b> AZ	<b>ZIP Code</b> 85120	<b>City</b> Apache Jct	<b>State</b> AZ	<b>ZIP Code</b> 85120
<b>7c Name</b> Bambi Johnson			<b>7d Name</b>		
<b>Title</b> Treasurer			<b>Title</b>		
Address – Number and Street, Rural Rt., Apt. No. [REDACTED]			Address – Number and Street, Rural Rt., Apt. No.		
<b>City</b> Apache Jct	<b>State</b> AZ	<b>ZIP Code</b> 85119	<b>City</b>	<b>State</b>	<b>ZIP Code</b>

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

<b>Checking Account Number</b> [REDACTED]	<b>Bank Name</b> Pinal Country Federal Credit Union	<b>Bank Branch</b>
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Applicant's Name (as shown on page 1)

Superstition Mountain Auxiliary 9399

## APPLICATION FOR BINGO LICENSE

**9 Class B and Class C license applicants only:** Bingo interest-bearing account information:

Account Number	Bank Name	Bank Branch

**10 Class B and Class C license applicants only:** List all **officers and/or supervisors** authorized to sign checks from the accounts listed above. If applying as a qualified organization, all **supervisors must be members** of the applicant:

<b>10a Name</b> Amy Timbes	<b>10b Name</b> Bambi Johnson
<b>Title</b> President	<b>Title</b> Treasurer

**11** List the name(s) of the **one or two** persons who will serve as managers. If applying as a qualified organization, these persons **must be members** of the applicant. *Each person must submit an affidavit.*

<b>11a Name</b> Lisa Boettner	<b>11b Name</b> Debi Rankin
<b>Title</b> Guard	<b>Title</b> Secretary

**12** List the name of the **one** person designated as proceeds coordinator. If applying as a qualified organization, this person **must be an officer or director and a member** of the applicant. *Each person must submit an affidavit.*

<b>Name</b> Amy Timbes	<b>Title</b> President
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**13** List the name(s) of the person(s) who will serve as supervisor. If applying as a qualified organization, each person **must be a member** of the applicant. *Each person must submit an affidavit. If additional names are required, please attach affidavits.*

<b>13a Name</b> Margaret Bonnell	<b>13b Name</b> Irene Nowacki
<b>Title</b> Condustress	<b>Title</b> Senior Vice President

**14** List the name(s) of the person(s) who will serve as assistants. If applying as a qualified organization, each person **must be a member or new member** of the applicant. Except for "Class A" licensees, *each person must submit an affidavit.*

<b>14a Name</b> Bill Egner	<b>14b Name</b> David Tomczak
<b>14c Name</b> Samual Peach	<b>14d Name</b> Linnie Romero

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

133 N Saguaro, Apache Junction, AZ 85120

**16** Games of Bingo must not exceed 5 days a week. Indicate the time on each respective day that live bingo will be played:

SUN	MON	TUE	WED	THUR	FRI	SAT
<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input checked="" type="checkbox"/> a.m.
1 <input checked="" type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	1 <input checked="" type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	11 <input type="checkbox"/> p.m.

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Applicant's Name (as shown on page 1)

Superstition Mountain Auxiliary 9399

**APPLICATION FOR BINGO LICENSE****17** Indicate the type of premises where bingo will be played. *Check one box:*a ☐ Neither rent nor mortgage will be paid from bingo funds.b ☒ Rented or leased. *Attach rental affidavit and copy of rental agreement.*

Landlord's Name VFW Superstition Mountain Post 9399	Address – Number and Street, Rural Rt., Apt. No. 133 N Saguaro St		
Telephone Number (with area code) (480) 982-5039	City Apache Junction	State AZ	ZIP Code 85120

c ☐ Owned solely by the organization. *Attach copy of mortgage, deed of trust, purchase agreement, escrow agreement, or other related document:*

Holder of Mortgage	Address – Number and Street, Rural Rt., Apt. No.		
Telephone Number (with area code)	City	State	ZIP Code

d ☐ Owned jointly with other organization. *Attach copy of mortgage, deed of trust, purchase agreement, escrow agreement, or other related document:*

1) Holder of Mortgage	Address – Number and Street, Rural Rt., Apt. No.		
Telephone Number (with area code)	City	State	ZIP Code
2) Co-Owner Holder:	Address – Number and Street, Rural Rt., Apt. No.		
Telephone Number (with area code)	City	State	ZIP Code
3) Co-Owner Holder:	Address – Number and Street, Rural Rt., Apt. No.		
Telephone Number (with area code)	City	State	ZIP Code

**18** List bingo licensees who are or will be conducting bingo in the same premises as you and those licensees located within 1,000 feet of your premises:

<b>18a</b> Name VFW Superstition Mth Post 9399	<b>18b</b> Name
Address – Number and Street, Rural Rt., Apt. No. 133 N Saguaro	Address – Number and Street, Rural Rt., Apt. No.
City Apache Junction	City
State AZ	State
ZIP Code 85120	ZIP Code

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Applicant's Name (as shown on page 1)

Superstition Mountain Auxiliary 9399

**APPLICATION FOR BINGO LICENSE**

**19 Expected bingo expenses:**

**a Mortgage:** \$ 0 per month

Payable to	Address – Number and Street, Rural Rt., Apt. No.		
Telephone number (with area code)	City	State	ZIP Code

**b Rent:** \$ 0 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:** \$ 0 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:** \$ 0 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:** \$ 0 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 \_\_\_\_\_

Payable to	Address – Number and Street, Rural Rt., Apt. No.		
Telephone number (with area code)	City	State	ZIP Code

**20 Who is your live bingo supplier? (For all bingo supplies). Do you foresee purchasing/renting machines as "technological aids for your live bingo games?**

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Applicant's Name (as shown on page 1)

Superstition Mountain Auxiliary 9399

**APPLICATION FOR BINGO LICENSE**

I, Debra Ranknin, 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.



8/10/21

Secretary

APPLICANT'S SIGNATURE

DATE

TITLE

**Please mail to:**  
**Arizona Department of Revenue**  
**1600 W Monroe Street, Division Code 22**  
**Phoenix, AZ 85007**  
**☎ (602) 716-7801**

**REVENUE USE ONLY. DO NOT MARK IN THIS AREA.**

☐ Approved

☐ Disapproved

☐ Class A License

☐ Class B License

☐ Class C License

Reviewer's Name (please print)

Date

License Number

Effective Date

Expiration Date



**Superstition Mountain VFW Post 9399**

**Apache Junction, AZ 85120  
All American Post 2013-2015**

**08/10/2021**

Arizona Department of Revenue

Bingo License Department

We are the VFW Superstition Mountain Post 9399 and conduct Bingo at our business under License Number 11-039-B.

Our auxiliary is applying for a bingo license. They will be hosting bingo at our location, 133 N Saguaro St., Apache Junction, AZ 85120 once the license has been obtained.

We do not charge our auxiliary rent for the use of this building. All of the funds they raise will go to our veterans, their families and out community.

Sincerely,

Bobby Malick,

Post Commander