



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.

CHECKLIST:

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

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

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

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

License Type	Fee
Class A	\$5.00
Class B	\$25.00
Class C	\$50.00

- 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.
- 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).
- Purchase agreement/bill of sale for bingo equipment and supplies.
- Original** local governing body endorsement.

- 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.

1 Applicant's Name Maricopa Moose Lodge 2730		
2a Mailing Address PO Box 549		
2b City Maricopa	State AZ	ZIP Code 85139
3a Administrative Office Location 40521 W Magnolia Rd Bldg B		
3b City Maricopa	State AZ	ZIP Code 85138
4a Name of Contact Person Andrew Anderson	4b Telephone No. (630) 777-7840	
4c E-mail Address maricopamoose@outlook.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:

- | | | | |
|-------------------------------------|--|---|--|
| <input type="checkbox"/> Charitable | <input type="checkbox"/> Social | <input type="checkbox"/> Religious | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Fraternal | <input type="checkbox"/> Volunteer Fire Department | <input type="checkbox"/> Homeowners Association | <input type="checkbox"/> 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, *list the current officers or Board of Directors of the organization:*

7a Name	7b 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
7c Name	7d 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

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

Checking Account Number	Bank Name	Bank Branch
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Continued on page 2 →

Applicant's Name (as shown on page 1)

Maricopa Moose Lodge 2730

APPLICATION FOR BINGO LICENSE

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

Account Number	Bank Name	Bank Branch
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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:

10a Name	10b Name
Title	Title

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.

11a Name	11b Name
Beverly Smith	LAURA MCCRARY
Title	Title
Manager	Manager

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.

Name	Title
DIANA BRIDGLAND	TRUSTEE/PROCEEDS COORDINATOR

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.

13a Name	13b Name
KEVIN MCCRARY	ERIC BECHGUENTURIAN
Title	Title
Supervisor	Supervisor

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.

14a Name	14b Name
Nancy Orth	Connie George
14c Name	14d Name
Amy Anderson	Richard Platt

15 Street address of the PHYSICAL location where live bingo will be played:
40521 WEST MAGNOLIA DRIVE BUILDING B MARICOPA AZ 85138

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 type="checkbox"/> a.m.
<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	6:00 <input checked="" type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.

Continued on page 3 →

Applicant's Name (as shown on page 1)

Maricopa Moose Lodge 2730

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 Farazana Nazeem	Address – Number and Street, Rural Rt., Apt. No. 40521 WEST MAGNOLIA DRIVE		
Telephone Number (with area code) (602) 680-0493	City Maricopa	State AZ	ZIP Code 85138

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

Holder of Mortgage N/A	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 N/A	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:

18a Name N/A	18b 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

Continued on page 4 →

Applicant's Name (as shown on page 1)
Maricopa Moose Lodge 2730

APPLICATION FOR BINGO LICENSE

19 Expected bingo expenses:

a Mortgage: \$ 0.00 per month

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

b Rent: \$ 0.00 per month hour occasion

Payable to Paid By Moose General Fund	Address - Number and Street, Rural Rt., Apt. No.
Telephone number (with area code)	City State ZIP Code

c Janitorial Services: \$ 0.00 per month hour occasion

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

d Accounting Services: \$ 95.00 per month hour occasion

Payable to Moose International	Address - Number and Street, Rural Rt., Apt. No. 155 S INTERNATIONAL DRIVE
Telephone number (with area code) (630) 723-2662	City State ZIP Code MOOSEHEART IL 60539

e Security Services: \$ 0.00 per month hour occasion

Payable to PROVIDED BY MOOSE MEMBERS VOLUNTEERS	Address - Number and Street, Rural Rt., Apt. No.
Telephone number (with area code)	City State ZIP Code

f Bingo Supplies: \$ 2,500.00 per YEAR

Payable to CACTUS BINGO SUPPLY INC	Address - Number and Street, Rural Rt., Apt. No. 3210 E ROESER RD
Telephone number (with area code) (602) 268-2848	City State ZIP Code PHOENIX AZ 85040

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?

CACTUS BINGO SUPPLY INC--YES

Continued on page 5 →

Applicant's Name (as shown on page 1)

Maricopa Moose Lodge 2730

APPLICATION FOR BINGO LICENSE

I, Charles R Ciralo, 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.



APPLICANT'S SIGNATURE

10/8/24

DATE

Administrator

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

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. A.R.S. §§ 5-409 and 5-410

<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

- 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
 Maricopa Moose Lodge 27320

3 Location/Address where live bingo will be conducted:

40521 W Magnolia Rd Bldg B	City Maricopa	State AZ	ZIP Code 85138
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4 Fill in the time on the days 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 type="checkbox"/> a.m.
<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	6:00 <input checked="" type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.

5 Who is your live bingo supplier?

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
1600 W Monroe Street, Division Code 22
Phoenix, AZ 85007
 ☎ (602) 716-7801

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): <input checked="" type="checkbox"/> Manager <input type="checkbox"/> Supervisor <input type="checkbox"/> Proceed Coordinator <input type="checkbox"/> Assistant			
REVENUE USE ONLY. DO NOT MARK IN THIS AREA.			
88			
Affiant's Name <i>Beverly L Smith</i>			
Social Security Number	Date of Birth		
[REDACTED]	[REDACTED]		
Address [REDACTED]			
City <i>Scottsdale</i>	State <i>AZ</i>	ZIP Code <i>85139</i>	
Home Phone No. (with area code) [REDACTED]	Work Phone No. (with area code) [REDACTED]		
81 PM		80 RCVD	

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

Member? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Joined Organization
Officers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Officer Title
Do you have an affidavit on file for any other licensee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", list license number(s):	

I, *Beverly Smith*, 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 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 and understand the foregoing and verify that the information and statements made herein are true and correct to the best of my knowledge.

Beverly Smith
Signature of Affiant

8-7-2024
Date

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

☎ (602) 716-7801

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): <input checked="" type="checkbox"/> Manager <input type="checkbox"/> Supervisor <input type="checkbox"/> Proceed Coordinator <input type="checkbox"/> Assistant			
Affiant's Name <i>Laura L McCrary</i>		REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
Social Security Number	Date of Birth	88	
Address		81 PM	
City <i>Maricopa</i>	State <i>AZ</i>	80 RCVD	
ZIP Code <i>55138</i>	Home Phone No. (with area code)		
Work Phone No. (with area code)			

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

Member? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Joined Organization <i>August 2022</i>
Officers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Officer Title
Do you have an affidavit on file for any other licensee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", list license number(s):	

I, *Laura L. McCrary*, 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 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 and understand the foregoing and verify that the information and statements made herein are true and correct to the best of my knowledge.

Laura L. McCrary
Signature of Affiant

8.8.2024
Date

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

☎ (602) 716-7801

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 <i>DIANA S. Bridgland</i>	
Position (check the appropriate boxes): <input type="checkbox"/> Manager <input type="checkbox"/> Supervisor <input checked="" type="checkbox"/> Proceed Coordinator <input type="checkbox"/> Assistant	

License Number

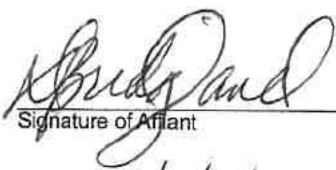
Affiant's Name <i>Diana Bridgland</i>		
Social Security Number [REDACTED]	Date of Birth [REDACTED]	
Address [REDACTED]		
City <i>Maricopa</i>	State <i>AZ</i>	ZIP Code <i>85138</i>
Home Phone No. (with area code) [REDACTED]	Work Phone No. (with area code)	

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

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

Member? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Joined Organization <i>12/31/23</i>
Officers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Officer Title <i>2yr Trustee</i>
Do you have an affidavit on file for any other licensee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", list license number(s):	

I, *Diana Bridgland*, 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 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 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

8/7/24
 Date

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

(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 A.R.S. § 5-404.

Licensee's Name		License Number	
Position (check the appropriate boxes): <input type="checkbox"/> Manager <input checked="" type="checkbox"/> Supervisor <input type="checkbox"/> Proceed Coordinator <input type="checkbox"/> Assistant			
REVENUE USE ONLY. DO NOT MARK IN THIS AREA.			
88			
Affiant's Name <i>Kevin E. McCrary</i>			
Social Security Number		Date of Birth	
[REDACTED]		[REDACTED]	
Address [REDACTED]			
City <i>Maricopa</i>		State <i>AZ</i>	ZIP Code <i>85138</i>
Home Phone No. (with area code) [REDACTED]		Work Phone No. (with area code)	
[REDACTED]		[REDACTED]	
81 PM		80 RCVD	

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

Member? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Joined Organization <i>09/31/2023</i>
Officers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Officer Title
Do you have an affidavit on file for any other licensee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", list license number(s):	

I, *Kevin E. McCrary*, 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 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 and understand the foregoing and verify that the information and statements made herein are true and correct to the best of my knowledge.

Kevin E. McCrary
Signature of Affiant

07/08/2024
Date

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

☎ (602) 716-7801


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): <input type="checkbox"/> Manager <input checked="" type="checkbox"/> Supervisor <input type="checkbox"/> Proceed Coordinator <input type="checkbox"/> Assistant			
Affiant's Name ERIC BECHGVENTURIAN		REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
Social Security Number	Date of Birth	88	
Address		81 PM	
City MARICOPA	State AZ	80 RCVD	
Home Phone No. (with area code)	Work Phone No. (with area code) N-A		

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

Member? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Joined Organization 7-31-2023
Officers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Officer Title CHAPLAIN
Do you have an affidavit on file for any other licensee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", list license number(s):	

I, **ERIC BECHGVENTURIAN**, 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 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 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

8-7-2024
 Date

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

(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 A.R.S. § 5-404.

Licensee's Name		License Number	
Position (check the appropriate boxes): <input type="checkbox"/> Manager <input type="checkbox"/> Supervisor <input type="checkbox"/> Proceed Coordinator <input checked="" type="checkbox"/> Assistant			
REVENUE USE ONLY. DO NOT MARK IN THIS AREA.			
88			
Affiant's Name <i>Nancy ORTH</i>			
Social Security Number		Date of Birth	
[REDACTED]		[REDACTED]	
Address			
[REDACTED]			
City <i>Mari copo</i>	State <i>AZ</i>	ZIP Code <i>85138</i>	
Home Phone No. (with area code)		Work Phone No. (with area code)	
[REDACTED]		[REDACTED]	
81 PM		80 RCVD	

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

Member? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Joined Organization <i>7-31-23</i>
Officers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Officer Title
Do you have an affidavit on file for any other licensee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", list license number(s):	

I, *Nancy ORTH*, 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 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 and understand the foregoing and verify that the information and statements made herein are true and correct to the best of my knowledge.

Nancy ORTH
Signature of Affiant

8-7-24
Date

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

☎ (602) 716-7801

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 Amy Anderson	
Position (check the appropriate boxes): <input type="checkbox"/> Manager <input type="checkbox"/> Supervisor <input type="checkbox"/> Proceed Coordinator <input checked="" type="checkbox"/> Assistant	

License Number

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.


88
81 PM
80 RCVD

Affiant's Name Amy Anderson		
Social Security Number	Date of Birth	
[REDACTED]	[REDACTED]	
Address		
[REDACTED]		
City Maricopa	State AZ	ZIP Code 85138
Home Phone No. (with area code)	Work Phone No. (with area code)	
[REDACTED]	[REDACTED]	

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

Member? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Joined Organization 8/31/2023
Officers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Officer Title
Do you have an affidavit on file for any other licensee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", list license number(s):	

I, **Amy Anderson**, 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 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 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
8/7/24
 Date

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

(602) 716-7801

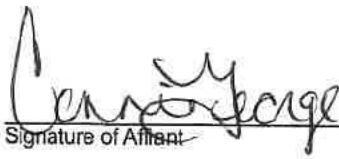
This affidavit must be completed by each person who wishes to assist in the conduct of any game of bingo. If any information is blank or incorrect, the affidavit will be returned to you. All information is subject to verification. Disclosure of your Social Security Number (SSN) is voluntary. This information 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): <input type="checkbox"/> Manager <input type="checkbox"/> Supervisor <input type="checkbox"/> Proceed Coordinator <input checked="" type="checkbox"/> Assistant			
REVENUE USE ONLY. DO NOT MARK IN THIS AREA.			
88			
Affiant's Name <i>Connie George</i>			
Social Security Number	Date of Birth		
Address			
City <i>Maricopa</i>	State <i>AZ</i>	ZIP Code <i>80138</i>	
Home Phone No. (with area code)	Work Phone No. (with area code)		
81 PM		80 RCVD	

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

Member? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Joined Organization
Officers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Officer Title
Do you have an affidavit on file for any other licensee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", list license number(s):	

I, *Connie George*, 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 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 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

8-7-24
 Date

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Licensee's Name		License Number	
Position (check the appropriate boxes): <input type="checkbox"/> Manager <input type="checkbox"/> Supervisor <input type="checkbox"/> Proceed Coordinator <input checked="" type="checkbox"/> Assistant			
REVENUE USE ONLY. DO NOT MARK IN THIS AREA. [88]			
Affiant's Name RICHARD R. PLATT			
Social Security Number		Date of Birth	
Address			
City MARICOPA	State AZ	ZIP Code 85139	
Home Phone No. (with area code)		Work Phone No. (with area code)	
[81] PM		[80] RCVD	

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

Member? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Joined Organization 7/31/23
Officers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Officer Title
Do you have an affidavit on file for any other licensee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", list license number(s):	

I, **RICHARD R. PLATT**, 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 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 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

8/8/24
 Date

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Phoenix, AZ 85007

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