		FILGEN	4 1	2 RM-4 NULL	DECEIME	
Arizona Form 83	3	AI	oplicatio	n for Bingo Licens	FEB 2 6 2014	
• Type or print in black ink					CITY OF MESA	
 All bingo licenses expir to the expiration date. 		he date of issue.	To continue	conducting bingo games, you	I must renew your license prior	
Applicant's Name	101539	NUILage	Bing	Falsificatio	on of information	
PAREN COUSINEAU					in this application	
a Mailing Address 2701 E. ALLA	=DAVE "	89 AZ	8500	constitute	s a Class 6 felony.	
b City		State ZI	P Code		ILY. DO NOT MARK IN THIS AREA	
MESA Administrative Office Location		AZ	852	<u>CH</u> 88		
b City		State ZI	P Code			
a Name of Contact Person		4b Telephor	e No.			
	mean	REDA	CTED		and the second se	
Kerrie 2248	hot mai	4c Fax No.		81 PM	80 RCVD	
S Class B and Class C licens	o applicante on	w Fannhing as	a qualified o	manization check one h	av to indicate the time of	
organization:	e applicants of	iy: II apprying as	a quanneu u	rganization, check one b	bx to indicate the type of	
Charitable	Social		Religious		/eterans	
Fraternal	Volunteer Fire	Department	Homeowr	ners Association	Nonprofit Ambulance Service	
6 Class B and Class C licens	e applicants on	ly applying as a c	ualified orga	nization, provide parent of	or auxiliary information:	
6a Parent Name		· /	6b Auxiliar	the second se		
				-		
Address – Number and Street, Rural Rt., Apt. No.			Address – Number and Street, Rural Rt., Apt. No.			
City	State	ZIP Code	City		State ZIP Code	
Class B and Class C licens	a applicante on	hy applying as a y	ualified orga	nization nowide the deter	the omenization was	
estabilshed in Arizona:	1.1.1.1.1.1					
8 Class B and Class C license applicants only applying as a qualifi						
8a Name			8b Name			
Title			Title			
Address - Number and Street,		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	
L			1		Continued on page 2	
	REVENU	E USE ONLY. DO I	NOT MARK IN	THIS AREA.		
	sapproved	Class A License		Class B License	Class C License	
Reviewer's Name (please print)	Date	License Numbe	er	Effective Date	Expiration Date	
	the second s					

ADOR 10334 (1/14) Previous 71-1010 (4/05)

mts 4-7-14

Agende Due 3/20/14