## 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 bingo games, you must renew your license prior to the expiration date.

to the expiration d	ate.				
Applicant's Name				Falsification	n of information
Apache Wells II Pation Mailing Address	Homes Home Owner	s Association	ı, Inc.	contained	in this application
c/o Vial Fotheringhan	n, LLP, 1900 W. Broad	way Rd.		constitutes	a Class 6 felony.
b City		State	ZIP Code		LY. DO NOT MARK IN THIS AREA
Tempe		AZ	85282	88	
Administrative Office Loca	tion				
same as above					
City		State	ZIP Code		
Tempe		7 1000	85282		
Name of Contact Person		4b Teleph	one No.		
Quinten T. Cupps, Es	sq		48-1334		
E-mail Address		4c Fax No	0.	81 PM	80 RCVD
qcupps@vf-law.com		(480) 26	69-9851		
organization:  Charitable Fratemal	☐ Social ☐ Volunteer Fire	Department	☐ Religious ☑ Homeowr		eterans onprofit Ambulance Servic
6a Parent Name			6b Auxiliar	y 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
	a: (M,M D,D Y,Y,Y, Clicense applicants onl		a qualified orga	anization, list the current of	fficers of the organization:
od (vallic			OBINATIO		
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	10 t	
Title			Title		
Address – Number and	Street, Rural Rt., Apt. No.		Address	Number and Street, Pural Rt	, Apt. No.
		715.6			
City	State	ZIP Code	Chy		State ZIP Code
					Continued on page 2
<b></b>			O NOT MARK IN		
Approved	Disapproved	Class	A License	☐ Class B License	Class C License
eviewer's Name (please pr	int) Date	License Nun	nber	Effective Date	Expiration Date

cant's Name (as shown on page 1)					
che Wells II Patio Homes Ho	me Owner	's Association, Ir	IC.	APPRIORIONE	);%:  \( <b>G</b> ())#(8=\()
Class B and Class C lissues a		anha Dinas shaal	:	-Ai	
Class B and Class C license a Checking Account Number	Bank N		and account informa	Bank Branch	
Oncoding 7 to ood it 1 turns cr	Dankit	dire		Dank Dialion	
L					
Class B and Class C license a			st-bearing account i		
Account Number	Bank N	lame		Bank Branch	
Class B and Class C listers		auto List all affic			ala fara Ala a a a a a a
Class B and Class C license a listed above. If applying as a qu		-		_	cks from the accoun
11a Name	adillica orga	inzation, an <b>supe</b> i	11b Name	embers of the applicant.	
Title			Title		
Address - Number and Street, Rura	al Rt., Apt. No	0.	Address – Number	er and Street, Rural Rt., Apt. No	0.
City	State	ZIP Code	City	State	ZIP Code
List the name(s) of the one or to	wo nersons	who will serve as	managers If apply	ing as a qualified omanizati	on these persons
must be members of the applic			-	ing as a qualifica organizati	on, these persons
12a Name			12b Name	700000000000000000000000000000000000000	
Donald Olson					
Title			Title		
Address – Number and Street, Rura	al Rt., Apt. No	0.	Address – Number	er and Street, Rural Rt., Apt. No	0.
5830 E. McKellips Rd. #15	Ctata	ZIP Code	Cibi	Chata	ZIP Code
City	State		City	State	ZIP Code
Mesa	AZ	85215			
List the name of the one person	designated	as proceeds coo	dinator. If applying	as a qualified organization,	this person must b
an officer or director and a me	-				
Name			Address - Number	er and Street, Rural Rt., Apt. No	D.
Nancy Ploeger			5830 E. McKe	ellips Rd. #17	
Title			City	State	ZIP Code
			Mesa	AZ	85215
l int the name (a) of the name (	V do a 211 a		Manabian as a s		
List the name(s) of the person(s member of the applicant. Each				uanned organization, each p	erson must be a
14a Name	person mu	St Subiliit all alliud	14b Name		
Zach Allison					
Title			Vickie Angell Title		
Address - Number and Street, Rura	al Rt., Apt. No	Э.	Address - Number	er and Street, Rural Rt., Apt. No	D.
5830 E. McKellips Rd. #49			5830 E. McKe	ellips Rd. #40	
City	State	ZIP Code	City	State	ZIP Code
Mesa	AZ	85215	Mesa	AZ	85215
14c Name			14d Name		
Jim Girardin					
			Title		
Title			Title		
Title	al Rt. Ant. Nr.	0.		er and Street Rural Rt. Ant. No.	)
Title  Address – Number and Street, Rura		D.		er and Street, Rural Rt., Apt. No	).
Title		o. ZIP Code		er and Street, Rural Rt., Apt. No State	zIP Code

cant's Name (as show	vn on page 1) Homes Home Ow	ner's Associatio	n, Inc.	APP	ICATION FOR I	SINGO LICENS		
	the person(s) who w							
15a Name			15b Name					
15c Name			15d Name					
15e Name			15f Name					
15g Name			15h Name			, ,		
	ne physical location v ubhouse - 5830 E.			5215				
	n each respective day							
SUN	MON	TUE	WED	THUR	FRI	SAT		
□a.m. □□p.m.	□a.m. □p.m. □	□a.m. □p.m.	□a.m. □p.m. ∟	□a.m. □p.m. ∟	□a.m. □p.m.	□a.r □p.r		
for #17 - Bingo v Indicate the type o  a Neither ren	f premises where bing	paid from bingo f	unds.	nt				
Indicate the type o  a Neither ren  b Rented or I  Landlord's N	f premises where bing nor mortgage will be eased. Attach rental lame	paid from bingo f	of rental agreement	nt. - Number and Street, l				
for #17 - Bingo v Indicate the type o  a Neither ren  b Rented or I  Landlord's N	f premises where bing nor mortgage will be eased. Attach rental	paid from bingo f	unds. of rental agreeme			ZIP Čode		
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for #17 - Bingo v Indicate the type of a Neither ren  B Rented or Included the Incl	f premises where bing t nor mortgage will be eased. Attach rental lame lumber (with area code)	paid from bingo f	of rental agreemed Address - City mortgage, deed of	- Number and Street, I	State eement, escrow a			
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for #17 - Bingo v Indicate the type of a Neither ren  B Rented or In Landlord's Note that Telephone Note the relate Holder of Media and the relate of the re	f premises where bing a nor mortgage will be eased. Attach rental lame lumber (with area code) by the organization of document: ortgage lumber (with area code) by with other organization of document:	e paid from bingo f affidavit and copy  n. Attach copy of	of rental agreemed Address - City  mortgage, deed of City  City  of mortgage, deed	Number and Street, I	State  eement, escrow a  Rural Rt., Apt. No.  State  agreement, escro	agreement, or  ZIP Code		
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for #17 - Bingo v Indicate the type of a Neither ren  B Rented or In Landlord's Note that Telephone Note that Telephone Note the Telephone Note that Telephone Note th	f premises where bing a nor mortgage will be eased. Attach rental lame lumber (with area code) by the organization of document: ortgage lumber (with area code) by with other organization of document:	e paid from bingo f affidavit and copy on. Attach copy of	of rental agreemed Address - City  mortgage, deed of City  City  of mortgage, deed	Number and Street, I	State  eement, escrow a  Rural Rt., Apt. No.  State  agreement, escro  Rural Rt., Apt. No.	agreement, or  ZIP Code		
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for #17 - Bingo v Indicate the type of a Neither ren  B Rented or In Landlord's Note the relate of t	f premises where bing a nor mortgage will be eased. Attach rental lame lumber (with area code) by the organization of document: ortgage lumber (with area code) by with other organization of document: Mortgage lumber (with area code) r Holder:	e paid from bingo f  affidavit and copy  n. Attach copy of  ation. Attach copy	ciunds.  of rental agreemer Address - City  mortgage, deed of Address - City  Address - City  Address - City  Address - City  City  City	trust, purchase agree- Number and Street, I d of trust, purchase Number and Street, I	State  eement, escrow a Rural Rt., Apt. No.  State  agreement, escro Rural Rt., Apt. No.  State  Rural Rt., Apt. No.  State	agreement, or  ZIP Code  ow agreement, of		

Continued on page 4 →

an	e Wells II Patio Homes Home Owne	er's Association I	nc	APPLICATION FO	RBINGOLICEN
_is	t bingo licensees who are or will be control of your premises:				
	a Name		20b Name		
			N/A		
N/ Ad	Idress – Number and Street, Rural Rt., Apt.	No.		ber and Street, Rural Rt., Apt. No.	
	Training and error, the error, pr				
Cit	State State	ZIP Code	City	State	ZIP Code
X	pected bingo expenses:				
1	Mortgage: \$.0.00	per month	Address No	mber and Street, Rural Rt., Apt. N	•
	Payable to		Address – Nu	imber and Street, Rural Rt., Apt. N	0.
	Telephone number (with area code)	****	City	State	ZIP Code
)	Rent: \$.0.00 Payable to	per 🗖 month	hour occa	asion Imber and Street, Rural Rt., Apt. N	0.
	Telephone number (with area code)		City	State	ZIP Code
	Janitorial Services: \$.0.00	per 🗖 month	hour occa	asion	
:	Janitorial Services: \$_0.00  Payable to  Telephone number (with area code)	per 🗖 month		asion Imber and Street, Rural Rt., Apt. N State	o. ZIP Code
	Payable to		Address - Nu City	imber and Street, Rural Rt., Apt. N State	ZIP Code
	Payable to  Telephone number (with area code)  Accounting Services: \$0.00		Address - Nu City	mber and Street, Rural Rt., Apt. N State	ZIP Code
•	Payable to  Telephone number (with area code)  Accounting Services: \$_0.00  Payable to	, per 🗖 month	Address - Nu City  hour occa Address - Nu City	State asion asion State State State	ZIP Code  O.  ZIP Code
,	Payable to  Telephone number (with area code)  Accounting Services: \$_0.00  Payable to  Telephone number (with area code)  Security Services: \$_0.00	, per 🗖 month	Address - Nu City  hour occa Address - Nu City	State asion State State  State asion State State	ZIP Code  O.  ZIP Code
:	Payable to  Telephone number (with area code)  Accounting Services: \$_0.00  Payable to  Telephone number (with area code)  Security Services: \$_0.00  Payable to  Telephone number (with area code)  Bingo Supplies: \$_50.00	, per 🗖 month	Address - Nu City  hour occa Address - Nu City  hour occa Address - Nu City  City	State asion State  State  asion State  State  State  State  State  State  State	ZIP Code  O.  ZIP Code
	Payable to  Telephone number (with area code)  Accounting Services: \$.0.00  Payable to  Telephone number (with area code)  Security Services: \$.0.00  Payable to  Telephone number (with area code)	per  month	Address - Nu City  hour occa Address - Nu City  hour occa Address - Nu City  City	State asion white and Street, Rural Rt., Apt. N State State asion State asion white and Street, Rural Rt., Apt. N State	ZIP Code  ZIP Code  ZIP Code
1	Payable to  Telephone number (with area code)  Accounting Services: \$_0.00  Payable to  Telephone number (with area code)  Security Services: \$_0.00  Payable to  Telephone number (with area code)  Bingo Supplies: \$_50.00	per month	Address - Nu City  hour occa Address - Nu City  hour occa Address - Nu City  City	State asion State  State  asion State  State  State  State  State  State  State	ZIP Code  ZIP Code  ZIP Code

Line 21 continues on page 5 →

. 4	it's Name (as shown on pag e Wells II Patio Homes	e 1) s Home Owner's Association, Inc.		APPLICATION FOR	BINGO LICENSE	
21 Fx	pected Bingo Expenses,	continued				
	peace dingo Expenses,	outlines				
9	Maximum prize payout	per occasion: \$ Atta		dule that lists individual prize		
	Paid to		Address - Numb	ber and Street, Rural Rt., Apt. No		
	SEE ATTACHED DO Telephone number (with a	OCUMENT (EXHIBIT "A") area code)	City	State	ZIP Code	
			1			
h	Utility Expenses:					
	Electric (payable to)		Address - Numb	ber and Street, Rural Rt., Apt. No		
		led for by the Apache Wells Asstion				
	Account Number	Monthly Amount \$ 0.00	Clty	State	ZIP Code	
		140.00				
	Gas (payable to)		Address - Numb	ber and Street, Rural Rt., Apt. No		
	Account Number	Monthly Amount \$ 0.00	City	State	ZIP Code	
	Water (payable to)		Address - Numb	ber and Street, Rural Rt., Apt. No		
	Account Number	Monthly Amount \$ 0.00	City	State	ZIP Code	
	Trash Removal (payable	to)	Address - Number and Street, Rural Rt., Apt. No.			
	Account Number	Monthly Amount	City	State	ZIP Code	
	ACCOUNT NUMBER	\$ 0.00	City	State	211 0000	
TI	here are no net proces	ojected use of net proceeds from games eds from the bingo games. Each pa participatnts during the 10 games pla	rticipant pays		ey is	
and fil		under penalty of poeby swear or confirm that I have read the	e foregoing app			
APPLIC	CANT'S SIGNATURE	9/24/16 DATE		he Association		
	Please mail to:	Arizona Department of Revenue	, PO Box 290	19, Phoenix, AZ 85038-9	9019	

**2** (602) 716-7801

## Exhibit A

# Question #21:

The total number of participants pay \$10.00 each. The total dollar amount is divided by 12. For example, if there are 10 players, each game will pay out 1/12 of the \$100.00 in total prize money. The last game played each time is the Hot Ball game. The participants could receive double the amount. If no one wins the Hot Ball game, the entire remaining monies go to the winner of the 10<sup>th</sup> and final game.

Arizona Form	
830	

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.

may be used to establish positive identification for	purposes of criminal background checks pursuar	t to Arizona Revised Statutes	§ 5 <del>-404</del> .
Licensee' sName		Licens e Number	
Apache Wells II Patio Homes Home Ov Position (check the appropriate boxes):	vner's Association, Inc.		
Manager Supervisor Proceed Co	ordinator	REVENUE USE ONLY. DO N	OT MARK IN THIS AREA.
		88	
Affiant's Name DONALD OLSO	N		
Social Security Number	Date of Birth redacted		
Address 5830 E McKELIPS RI	UNIT 15		
City MESA	State AZ ZIP Code 85215	81 PM	80 RCVD
Home Phone No. (with area code) redacted	Work Phone No. (with area code)		
If licensee is a qualified organization, co	mplete the following section:		
Member?	Date Joined Organization		
Yes No	9 1999		
Officers?	Officer Title		
Yes No		_	
Do you have an affidavit on file for any other licen			
Yes No If "Yes", list license num	per(s):		
I, DONALD OLSON	, the above-named affiant,	under penalty of perjury,	upon oath, depose
and say that I will conduct or assist in co	onducting all bingo games in compliance wi	th the terms of the license	, Arizona Revised
	of the licensing authority. I am of good mora		
any misdemeanor involving moral turpitu	ide or felony. I have not and shall not receive	ve any reward, compensati	ion or recompense
for my participation in the conduct of bi	ingo games except as provided for by law.	I hereby swear or confirm	m that I have read
and understand the foregoing and verify	that the information and statements made l	nerein are true and correct	to the best of my
knowledge.	106/1	Ma Car	
	Signature of Affiant		
	8/18/201 Date	6	

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

**7** (602) 716-7801

Arizona	Form
830	0

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			
Apache Wells II Patio Homes Hom Position (check the appropriate boxes):	ne Owner's Association, Inc.		
			NLY. DO NOT MARK IN THIS AREA
Affiant's Name  James Len  Social Security Number  redacted	Ciray Liv Date of Birth redacted	68	
Address	McKellips TTJ #132 State ZIP Gode		
Home Phone No. (with area code)	Work Phone No. (with area code) 302-870-//34	81 PM	80 RGVD
licensee is a qualified organization	on, complete the following section:		
Member? ☐ Yes ☐ No	Date Joined Organization		
Officers?	Officer Title		
Yes No			
Statutes, Title 5, Chapter 4, and the	the above-named affiant in conducting all bingo games in compliance rules of the licensing authority. I am of good me turpitude or felony. I have not and shall not rec	with the terms of the	we never been convicted of
	t of bingo games except as provided for by lav		
and understand the foregoing and v	verify that the information and statements made	e herein are true an	d correct to the best of my
knowledge.	Signature of Affairit	Luaro	lun
	08-2	2-16	

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

Ar	izona	Foi	rm
	83	0	

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	Ournaria Association Iss	License Number	
Apache Wells II Patio Homes Home Position (check the appropriate boxes):	e Owner's Association, Inc.	-	
	10 TA 11	DEVENUE LISE ON	V DO NOT MADY IN THE ABEA
Manager X Supervisor Proceed	ed Coordinator	88	LY. DO NOT MARK IN THIS AREA.
Affiant's Name		7	
Amants Name	A - 11		
Social Security Number	1 ngell	-11	
redacted	Date of Birth		
Address	redacted		
5830 t McKe	Ilips RJ#40		
City	State A ZIP Code		
111850	17- 80210	81 PM	80 RCVD
Home Phone No. (with area code)	Work Phone No. (with area code)		
redacted			
If licensee is a qualified organization	complete the following section:		
Member?	Date Joined Organization		
	2 Only		
Yes No Officers?	Officer Title		
☐ Yes ☒ No	Officer title		
Do you have an affidavit on file for any other	r licenses?	-	
Yes No If "Yes", list license	number(s).		
1, VickieLA	ngell, the above-named affiant,		
AFFIANTS NAME	the above-named alliant,	under penalty of pe	erjury, upon oath, depose
and say that I will conduct or assist	in conducting all bingo games in compliance wi	th the terms of the	license, Arizona Revised
Statutes, Title 5, Chapter 4, and the r	ules of the licensing authority. I am of good mora	i character and have	e never been convicted of
any misdemeanor involving moral to	rrpitude or felony. I have not and shall not receive	ve any reward, com	pensation 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 ve	erify that the information and statements made l	nerein are true and	correct to the best of my
knowledge.			
			0
	1. 6:0//		1211
	Signature of Affiant	) (ln	gell
		(	
	/ /	1 , = 1	
	Dugus	t /8 =	7016
	Date	10,0	
	/ 1		

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.

icensee's Name			License Number	
Apache Wells II Patio Homes Ho	me Owner's Association	Inc.		
Position (check the appropriate boxes):				
☐ Manager ☑ Supervisor ☐ Pro	ceed Coordinator	nt	REVENUE USE ON	ILY. DO NOT MARK IN THIS AREA
Affiant's Name				
Zach Allison Sr				
Social Security Number	Date of Birth	ingle or a secret spin description of the secret	-11	
redacted	redacted		11	
Address				
5830 E McKellips Rd, Unit	49			
City	State	ZIP Code		
Mesa	AZ	85215-2784	81 PM	80 RCVD
Home Phone No. (with area code)	Work Phone No. (with 480-577-6918	area code)		
f licensee is a qualified organizat	ion complete the following	na section:		
Wember?	Date Joined Organiza	And the second s		
Yes No	Oct 1 2004	product i	,	
Title 187	Officer Title	#		
☐ Yes KI No	Assistant Bingo	Coordinator	i ,	
Do you have an affidavit on file for any ot	her licensee?			
I, Zach Allison Sr	E .			erjury, upon oath, depose
and say that I will conduct or assi	st in conducting all bingo g	ames in compliance w	ith the terms of the	license, Arizona Revised
Statutes. Title 5. Chapter 4, and the	rules of the licensing author	ority. I am of good mor	al character and hav	e never been convicted of
any misdemeanor involving mora	turpitude or felony. I have	not and shall not recei	ve any reward, con	pensation or recompense
for my participation in the condu	ct of bingo games except a	s provided for by law.	I hereby swear or	confirm that I have read
and understand the foregoing and			herein are true and	correct to the best of my
	verify that the information	and statements made	HATAIN MA GOO MIO	correct to the best of my
knowledge.	verify that the information	and statements made	11414111 1114 1114 1114	correct to the best of my
knowledge.	verify that the information	and statements made  Beholle flature of Affiant	•	correct to the best of my
knowledge.	The state of the s	Dehall fiature of Affiant 8/18/16	•	correct to the best of my

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

**22** (602) 716-7801

Arizona Form	1
830	

**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	
Apache Wells II Patio Homes Home	Owner's Association, Inc.		
Position (check the appropriate boxes):	d Coordinator		
☐ Manager ☐ Supervisor ☑ Procee	REVENUE USE ONLY, DO NOT MARK IN THIS AREA.		
Affiant's Name			
NANCY PIOE	GER		
Social Security Number	Date of Birth		
	redacted		
Address — M. V.	110- 0. 110-17		
5830 EAST MCKEL	State ZIP Code		
City MESO	AZ 85215	81 PM	80 RCVD
Home Phone No. (with area code)	Work Phone No. (with area code)	1 81 ' ''	80 11313
redacted	NA		
If licensee is a qualified organization			
Member?	Date Joined Organization		
Yes No	3 2010		
Officers?	Officer Title		
☐ Yes ☑ No Do you have an affidavit on file for any other	licensee?		
Yes X No If "Yes", list license			
A TO A TO THE TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TO THE TOTAL T	The tribe of (O).		
Mangue Pla	the above-named affiant,	under penalty of peri	ury, upon oath, depose
AFFIANT'S NAME			
and say that I will conduct or assist	in conducting all bingo games in compliance w	ith the terms of the no	cense, Arizona Revised
Statutes, Title 5, Chapter 4, and the r	ules of the licensing authority. I am of good mor	al character and have r	never been convicted of
any misdemeanor involving moral to	arpitude or felony. I have not and shall not rece	ive any reward, compe	ensation or recompense
	of bingo games except as provided for by law.		
and understand the foregoing and v	erify that the information and statements made	herein are true and co	prrect to the best of my
knowledge.			
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	8-19-2	OI(a)	

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