

- 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.

<b>1 Applicant's Name</b> Apache Wells II Patio Homes Home Owner's Association, Inc.		
<b>2a Mailing Address</b> c/o Vial Fotheringham, LLP, 1900 W. Broadway Rd.		
<b>2b City</b> Tempe	<b>State</b> AZ	<b>ZIP Code</b> 85282
<b>3a Administrative Office Location</b> same as above		
<b>3b City</b> Tempe	<b>State</b> AZ	<b>ZIP Code</b> 85282
<b>4a Name of Contact Person</b> Quinten T. Cupps, Esq.	<b>4b Telephone No.</b> (480) 448-1334	
<b>4c E-mail Address</b> qcupps@vf-law.com	<b>4c Fax No.</b> (480) 269-9851	

**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>	<b>6b Auxiliary Name</b>
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: (M,M|D,D|Y,Y,Y,Y)

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

<b>8a Name</b>	<b>8b Name</b>
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
<b>8c Name</b>	<b>8d Name</b>
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)

Apache Wells II Patio Homes Home Owner's Association, Inc.

**APPLICATION FOR BINGO LICENSE**

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

Checking Account Number	Bank Name	Bank Branch
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**10 Class B and Class C license applicants only: Bingo interest-bearing account information:**

Account Number	Bank Name	Bank Branch
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**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:**

<b>11a Name</b>	<b>11b Name</b>
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.**

<b>12a Name</b>	<b>12b Name</b>
Donald Olson	
Title	Title
Address – Number and Street, Rural Rt., Apt. No.	Address – Number and Street, Rural Rt., Apt. No.
5830 E. McKellips Rd. #15	
City State ZIP Code	City State ZIP Code
Mesa AZ 85215	

**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	Address – Number and Street, Rural Rt., Apt. No.
Nancy Ploeger	5830 E. McKellips Rd. #17
Title	City State ZIP Code
	Mesa AZ 85215

**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.**

<b>14a Name</b>	<b>14b Name</b>
Zach Allison	Vickie Angell
Title	Title
Address – Number and Street, Rural Rt., Apt. No.	Address – Number and Street, Rural Rt., Apt. No.
5830 E. McKellips Rd. #49	5830 E. McKellips Rd. #40
City State ZIP Code	City State ZIP Code
Mesa AZ 85215	Mesa AZ 85215
<b>14c Name</b>	<b>14d Name</b>
Jim Girardin	
Title	Title
Address – Number and Street, Rural Rt., Apt. No.	Address – Number and Street, Rural Rt., Apt. No.
5830 E. McKellips Rd. #132	
City State ZIP Code	City State ZIP Code
Mesa AZ 85215	

Applicant's Name (as shown on page 1)

Apache Wells II Patio Homes Home Owner's Association, Inc.

## 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:

Association's Clubhouse - 5830 E. McKellips Rd. #167, Mesa, AZ 85215

- 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 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.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.

- 18 List dates of proposed game cancellation if any:

for #17 - Bingo will be played one afternoon per month at the Clubhouse

- 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)

Apache Wells II Patio Homes Home Owner's Association, Inc.

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:

<b>20a Name</b> N/A	<b>20b Name</b> N/A
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: \$0.00 per month

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

- d Accounting Services: \$0.00 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: \$0.00 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: \$50.00 per year

Payable to	Address – Number and Street, Rural Rt., Apt. No.
Telephone number (with area code)	City State ZIP Code
Paid for by the Apache Wells Association	

Line 21 continues on page 5 →

Applicant's Name (as shown on page 1)

Apache Wells II Patio Homes Home Owner's Association, Inc.

APPLICATION FOR BINGO LICENSE

21 Expected Bingo Expenses, continued...

- g Maximum prize payout per occasion: \$ \_\_\_\_\_ Attach game schedule that lists individual prize amounts.

Paid to <b>SEE ATTACHED DOCUMENT (EXHIBIT "A")</b>		Address - Number and Street, Rural Rt., Apt. No.	
Telephone number (with area code)		City	State ZIP Code

- h Utility Expenses:

Electric (payable to) All utilities are provided for by the Apache Wells Asstion		Address - Number and Street, Rural Rt., Apt. No.	
Account Number	Monthly Amount \$ 0.00	City	State ZIP Code

Gas (payable to)		Address - Number and Street, Rural Rt., Apt. No.	
Account Number	Monthly Amount \$ 0.00	City	State ZIP Code

Water (payable to)		Address - Number 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 \$ 0.00	City	State ZIP Code

- 22 Briefly state the specific projected use of net proceeds from games of bingo:

There are no net proceeds from the bingo games. Each participant pays \$10.00 and all of the money is redistributed to the the participants during the 10 games played. See Exhibit A.

I, Quinten T. Cupps, 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

9/27/16  
DATE

Attorney for the Association  
TITLE

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

☎ (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.

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 Home Owner's Association, Inc.		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 DONALD OLSON			
Social Security Number	Date of Birth redacted		
Address 5830 E McKELLIPS RD UNIT 15			
City MESA	State AZ	ZIP Code 85215	
Home Phone No. (with area code) redacted	Work Phone No. (with area code) NA	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 9, 1999
Officers? <input checked="" 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, DONALD OLSON, 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

Date

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 <b>Apache Wells II Patio Homes Home Owner's Association, Inc.</b>		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.	
Affiant's Name <b>James Len Girardin</b>		88	
Social Security Number redacted	Date of Birth redacted		
Address <b>5830 E. McKellip Rd #132</b>			
City <b>Mesa</b>	State <b>AZ</b>	ZIP Code <b>85215</b>	
Home Phone No. (with area code)	Work Phone No. (with area code) <b>308-870-1134</b>	81 PM	80 RCVD

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

Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Joined Organization <b>09-2017</b>
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, **James Len Girardin**, 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.

**James Len Girardin**  
Signature of Affiant

**08-22-16**  
Date

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 Apache Wells II Patio Homes Home Owner's Association, Inc.		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.	
Affiant's Name Vickie L Angell		88	
Social Security Number redacted	Date of Birth redacted		
Address 5830 E McKellips Rd #40			
City Mesa	State AZ	ZIP Code 85215	
Home Phone No. (with area code) redacted	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 3 2001
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, Vickie L Angell, 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.

Vickie L Angell  
Signature of Affiant  
August 18, 2016  
Date

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

☎ (602) 716-7801

**Arizona Form  
830**

**Affidavit**

**Bingo**

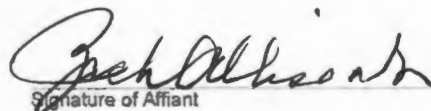
This affidavit must be completed by each person who wishes to assist in the conduct of any game of bingo. If any information is blank or incorrect, the affidavit will be returned to you. All information is subject to verification. Disclosure of your Social Security Number (SSN) is voluntary. This information may be used to establish positive identification for purposes of criminal background checks pursuant to Arizona Revised Statutes § 5-404.

Licensee's Name <b>Apache Wells II Patio Homes Home Owner's Association, Inc.</b>		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.	
Affiant's Name <b>Zach Allison Sr</b>		88	
Social Security Number redacted	Date of Birth redacted		
Address <b>5830 E McKellips Rd, Unit 49</b>			
City <b>Mesa</b>	State <b>AZ</b>	ZIP Code <b>85215-2784</b>	
Home Phone No. (with area code)	Work Phone No. (with area code) <b>480-577-6918</b>	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 <b>Oct 1, 2004</b>
Officer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Officer Title <b>Assistant Bingo Coordinator</b>
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, **Zach Allison Sr**, 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

**8/18/16**

Date

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 Apache Wells II Patio Homes Home Owner's Association, Inc.		License Number	
Position (check the appropriate boxes): <input type="checkbox"/> Manager <input type="checkbox"/> Supervisor <input checked="" type="checkbox"/> Proceed Coordinator <input type="checkbox"/> Assistant		REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
Affiant's Name NANCY PLOEGER		88	
Social Security Number	Date of Birth redacted		
Address 5830 EAST MCKELLIPS RD Unit 17			
City MESA	State AZ	ZIP Code 85215	
Home Phone No. (with area code) redacted	Work Phone No. (with area code) NA	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 3   2010
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 Ploeger 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 Ploeger  
Signature of Affiant

8-19-2016  
Date

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

☎ (602) 716-7801