

- 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.

| | | |
|--|---|--------------------------|
| 1 Applicant's Name Star Kempton | | |
| 2a Mailing Address 7550 E Adobe St | | |
| 2b City Mesa | State AZ | ZIP Code 85207 |
| 3a Administrative Office Location 45 W. University Dr. Suite A | | |
| 3b City Mesa | State AZ | ZIP Code 85201 |
| 4a Name of Contact Person Phil Contino | 4b Telephone No. (480) 964-9014 | |
| 4c E-mail Address pcontino@evadultresources.org | 4c Fax No. (480) 898-7306 | |

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:

| | |
|--|--|
| 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, provide the date the organization was established in Arizona:

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

| | |
|--|--|
| 8a Name | 8b 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 |
| 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 |

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)

Star Kempton

APPLICATION FOR BINGO LICENSE

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

| | | |
|-------------------------|-----------|-------------|
| Checking Account Number | Bank Name | Bank Branch |
|-------------------------|-----------|-------------|

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

| | | |
|----------------|-----------|-------------|
| Account Number | Bank Name | Bank Branch |
|----------------|-----------|-------------|

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:

| | |
|--|--|
| 11a Name | 11b 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 |

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.

| | |
|--|--|
| 12a Name | 12b Name |
| Star Kempton | |
| Title | Title |
| Activities Coordinator | |
| Address – Number and Street, Rural Rt., Apt. No. | Address – Number and Street, Rural Rt., Apt. No. |
| 7550 E Adobe St | |
| City State ZIP Code | City State ZIP Code |
| Mesa AZ 85207 | |

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. |
| Star Kempton | 7550 E Adobe St |
| Title | City State ZIP Code |
| Activities Coordinator | Mesa AZ 85207 |

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.

| | |
|--|--|
| 14a Name | 14b Name |
| Kathi Wood | |
| Title | Title |
| Program Assistant | |
| Address – Number and Street, Rural Rt., Apt. No. | Address – Number and Street, Rural Rt., Apt. No. |
| 7550 E Adobe St | |
| City State ZIP Code | City State ZIP Code |
| Mesa AZ 85207 | |
| 14c Name | 14d 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 |
| | |

Applicant's Name (as shown on page 1)

Star Kempton

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 George Sawko | 15b Name Susan Kish |
| 15c Name | 15d Name |
| 15e Name | 15f Name |
| 15g Name | 15h Name |

- 16 Street address of the physical location where bingo will be played:

7550 E. Adobe St. Mesa, AZ 85207

- 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. | 1:15 <input checked="" 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:

- 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 →

- 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:

| | | | | | |
|--|--------------------|--------------------------|--|-------|----------|
| 20a Name East Valley Adult Resources Foundation | | | 20b Name | | |
| Address – Number and Street, Rural Rt., Apt. No. 45 W University Ave | | | Address – Number and Street, Rural Rt., Apt. No. | | |
| City Mesa | State AZ | ZIP Code 85201 | City | State | ZIP Code |

- 21 Expected bingo expenses:

- a Mortgage: \$_____ per month

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

- b Rent: \$_____ 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: \$_____ 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: \$_____ 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: \$_____ 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: \$1,150.00 per Year

| | | | |
|--|---|--------------------|--------------------------|
| Payable to Cactus Bingo Supply | Address – Number and Street, Rural Rt., Apt. No. 3210 E. Roeser Road Suite 15 | | |
| Telephone number (with area code) (602) 268-2848 | City Phoenix | State AZ | ZIP Code 85040 |

Line 21 continues on page 5 →

Applicant's Name (as shown on page 1)

Star Kempton

APPLICATION FOR BINGO LICENSE

21 Expected Bingo Expenses, continued...

- g** Maximum prize payout per occasion: \$ 149.00. *Attach game schedule that lists individual prize amounts.*

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

- h** Utility Expenses:

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

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

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

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

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

Net proceeds will be used for the purchasing of bingo supplies, primarily bingo cards and daubers.

I, Star kempton, 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.

Star Kempton
APPLICANT'S SIGNATURE

9/13/2018
DATE

Manager
TITLE

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

☎ (602) 716-7801