

**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/](http://www.azleg.gov/) and
- [www.azsos.gov/public\\_services/table\\_of\\_contents.htm](http://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](http://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.

RECEIVED

OCT 22 2018

CITY OF MESA  
LICENSING OFFICE

**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](http://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 bingo games, you must renew your license prior to the expiration date.

1 Applicant's Name <b>Fountain of the Sun Homeowners Association</b>		
2a Mailing Address <b>540 South 80th Street</b>		
2b City <b>Mesa</b>	State <b>AZ</b>	ZIP Code <b>85208</b>
3a Administrative Office Location		
3b City	State	ZIP Code
4a Name of Contact Person <b>John Miller</b>	4b Telephone No. <b>480-380-4000</b>	
4c E-mail Address <b>john@Fos-az.com</b>	4c Fax No. <b>480-380-7005</b>	

**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 <b>Fountain of the Sun Homeowners Association</b>	6b Auxiliary Name
Address – Number and Street, Rural Rt., Apt. No. <b>540 South 80th Street</b>	Address – Number and Street, Rural Rt., Apt. No.
City <b>Mesa</b>	City
State <b>AZ</b>	State
ZIP Code <b>85208</b>	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:* 1, 1, 2, 0, 1, 9, 7, 2

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

8a Name <b>Keith Kellen</b>	8b Name <b>Ronald Heldt</b>
Title <b>President</b>	Title <b>Vice President</b>
Address – Number and Street, Rural Rt., Apt. No.	Address – Number and Street, Rural Rt., Apt. No.
City	City
State	State
ZIP Code	ZIP Code
8c Name	8d Name
Title <b>Secretary</b>	Title <b>Treasurer</b>
Address – Number and Street, Rural Rt., Apt. No.	Address – Number and Street, Rural Rt., Apt. No.
City	City
State	State
ZIP Code	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)

Fountain of the Sun Homeowners Association

## 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:

560 South 80th Street, Mesa AZ 85208

- 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.	6:45 <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 →

Applicant's Name (as shown on page 1)

Fountain of the Sun Homeowners Association

## 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:

11a Name <b>Erv Stoll</b>	11b Name <b>Terry Malott</b>
Title <b>Manager</b>	Title <b>Manager</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

## 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 <b>Erv Stoll</b>	12b Name <b>Terry Malott</b>
Title <b>Manager</b>	Title <b>Manager</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

## 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 <b>John Focht</b>	Address – Number and Street, Rural Rt., Apt. No.
Title <b>Treasurer</b>	City State ZIP Code

## 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 <b>Wanda Livingston</b>	14b Name <b>Vickie Osborne</b>
Title <b>Supervisor</b>	Title <b>Supervisor</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
14c Name <b>Marilyn Block</b>	14d Name
Title <b>Supervisor</b>	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)

Fountain of the Sun Homeowners Association

APPLICATION FOR BINGO LICENSE

21 Expected Bingo Expenses, continued...

- g Maximum prize payout per occasion: \$3,000.00. 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
	\$		

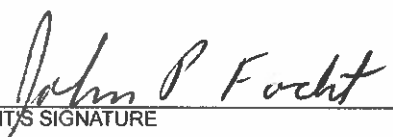
Water (payable to)		Address - Number and Street, Rural Rt., Apt. No.	
Account Number	Monthly Amount	City	State ZIP Code
	\$		

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:

Fountain of the Sun Association, community projects and improvements.

I, John Focht, 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.

 10/22/2018  
APPLICANT'S SIGNATURE DATE TITLE  
Treasurer - Fountain of the Sun Homeowners Assoc

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

(602) 716-7801

Applicant's Name (as shown on page 1)

Fountain of the Sun Homeowners Association

## 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:

20a Name	20b 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

- 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: \$2,000.00 per Month

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

Line 21 continues on page 5 →

- 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.
- All approvals to conduct special bonus games expire at the end of each licensing period and must be renewed prior to that time to allow the continuance of special bonus games.

Applicant's Name <b>Fountain of the Sun Homeowners Association</b>			License Number (if known)	
Address <b>540 South 80th Street</b>				
City <b>Mesa</b>	State <b>AZ</b>	ZIP Code <b>85208</b>		
Contact Phone No. (with area code) <b>(480) 380-4000</b>			REVENUE USE ONLY. DO NOT MARK IN THIS AREA. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
			81 PM	80 RCVD

1 When will special bonus games be played? Fill in the time on the days games 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.	6:45 <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.

2 Pattern required to accomplish bingo: Cover All

3 Number of calls within which a bingo must be accomplished..... Cover All

4 Amount of designated prize: \$ <u>80% of Game Income per card</u>	5 Type of card to be used: <u>Regular</u>
6 Cost of card to player: \$ <u>1.00</u>	7 Game number: <u>#15</u>

8 How much of the \$12,000 prize amount available in the quarter will be guaranteed, if any?..... \$                     

9 Total prize amount offered per quarter..... \$                     

Describe how the special bonus game program will be conducted:  
Cover All - every Tuesday night last game of the night

I, Ervin Stoll, under penalty of perjury, upon oath, depose and say that I am duly authorized to sign and file this application. I hereby swear or confirm that I have read the foregoing application and verify that all information provided is true and complete to the best of my knowledge.

Signature of Affiant  Date 10-22-2018

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

☎ (602) 716-7801

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	<input type="checkbox"/> Class B License	<input type="checkbox"/> Class C License
Reviewer's Name (please print)	Date	Effective Date	Expiration Date



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
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# Fountain of the Sun Bingo

Early Bird Special 3-Game Packet

\$50.00

Game 1

ORANGE

Diagonal  
Line  
And  
Four Corners

CRAZY

T

Five Around

The

Corner

LETTER

X

NO (((N)))

ANY

THREE

LINES

Any  
Horizontal  
Line

Cover

ALL

Crazy

Picture

Frame

\$100.00

Game 9

Gray

\$100.00

Game 10

Olive

\$100.00

Game 11

Brown

\$700 /800/ 900

GAME 12

\$100.00

Game 13

Red

\$100.00

Game 14

Purple

80%

Game 15

Block

Or

Nine

Kite

With

Crazy Tail

ANY

OUT SIDE

LINE

Betty Boop

(5) Card

Strip

Cover All On  
ONE CARD

Regular

BINGO

Postage Stamp

OR

4 Corners

Out Side

Four Corners

ONLY

Special

Bonus Game

Cover All

You MUST HAVE the LAST NUMBER CALLED  
for a Bingo. Call Bingo Loud  
so you can be Heard If A player  
Fails to call Bingo Before the Caller  
Initiates the next Call THEY LOSE

Prize money may be adjusted according to  
attendance. All players must use Daubers.

NO ALCOHOL BEVERAGE of any kind will be allowed  
in the Activity HALL BEFORE/DURING or after BINGO.

NO person under the age of 18 may be in the  
hall during Bingo or Play Bingo F>O>S

Bingo is played in accordance with Az Rules Regulations



2018/2019 FOUNTAIN OF THE SUN: BINGO 6:45 PM START

((Early Bird Game Pack))

1. Orange----- Diagonal LINE and Four Corners

2. PINK----- Crazy ((( T )))

3. YELLOW— FIVE around the Corner

((START of Regular Game GAMES))

4. BLUE Letter X No ((( N )))

5. ORANGE Any THREE (3) Lines

6. GREEN Horizontal Line Only

7. YELLOW Cover All extra cards are yellow @ \$1.00 Starts at (NO 50) If No

\$500.00 Winner add 1# Each Week PAY \$500.00/\$300.00

8. PINK Crazy Picture Frame

((Intermission)) Free Coffee & Water Pop=Candy=Snacks .75

9. GREY Block of Nine ONLY

10. OLIVE Kit With Crazy Tail

11. Brown Any Outside Line

12. Betty Boop (5) Card Strip Cover All ON (1) Card \$3.00 per card

(((NOT IN PACKET)))

13 RED Regular - Bingo (4) Corners (or) Postage Stamp

14. PURPLE Out Side Four Corners ONLY

15. Special Bonus Game Cover All

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.

<input checked="" type="checkbox"/> New Application		<input type="checkbox"/> Change of Location	Date JAN 08 2008	License Number
From (Name of local governing body)				<b>REVENUE USE ONLY. DO NOT MARK IN THIS AREA.</b> 88          81 PM 80 RCVD
Address (number and street, PO Box)				
City	State	ZIP Code		
Phone No. (with area code)				

1 This is to certify that on JAN 08 2008 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

Fountain of the Sun Homeowners Association

3 Location/Address where games will be conducted:

560 South 80th Street

City

Mesa

State

AZ

ZIP Code

85208

4 Fill in the time on the days games will be played:

SUN	MON	TUE	WED	THUR	FRI	SAT
<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. 6:45 <input checked="" type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

5 Background investigations:

- ☐ have ☐ have not been conducted on all individuals listed in the Bingo License Application.

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, PO Box 29019, Phoenix, AZ 85038-9019