

17-01614  
RECEIVED  
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#2

- Type or print in black ink and complete all information requested on this form. If you do not, your application will be returned. 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.

CITY OF MESA  
LICENSING OFFICE

1 Applicant's Name <b>N. Dane</b>	
2a Mailing Address <b>2929 E Main St #267</b>	
2b City <b>Mesa</b>	State ZIP Code <b>AZ 85213</b>
3a Administrative Office Location <b>2929 E Main St #39</b>	
3b City <b>Mesa</b>	State ZIP Code <b>AZ 85213</b>
4a Name of Contact Person <b>Carolyn Thiesen</b>	4b Telephone No. <b>(425) 417-1796</b>
4c E-mail Address <b>thies2u@gmail.com</b>	4c Fax No.

**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

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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)

N. Dane

## 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	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
<b>Nancy Dane</b>	
Title	Title
<b>Manager</b>	
Address – Number and Street, Rural Rt., Apt. No.	Address – Number and Street, Rural Rt., Apt. No.
<b>2929 E Main St #267</b>	
City State ZIP Code	City State ZIP Code
<b>Mesa AZ 85213</b>	

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.
<b>Nancy Stephens</b>	<b>2929 E Main St #78</b>
Title	City State ZIP Code
<b>Proceeds Coordinator</b>	<b>Mesa AZ 85213</b>

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
<b>Suzanne Willoughby</b>	
Title	Title
<b>Supervisor</b>	
Address – Number and Street, Rural Rt., Apt. No.	Address – Number and Street, Rural Rt., Apt. No.
<b>2929 E Main St #442</b>	
City State ZIP Code	City State ZIP Code
<b>Mesa AZ 85213</b>	
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)

N. Dane

## 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 <b>Millie Requilman</b>	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:

**2929 E MAIN ST  
MESA AZ 85213**

- 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.	<b>6:45</b> <input checked="" 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:

**Wednesday before Thanksgiving**

- 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

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Applicant's Name (as shown on page 1)

N. Dane

## 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 <b>Palm Gardens Bingo/C. Thiesen</b>			20b Name <b>J. Lidgett</b>		
Address – Number and Street, Rural Rt., Apt. No. <b>2929 E Main St #39</b>			Address – Number and Street, Rural Rt., Apt. No. <b>2929 E Main St #41</b>		
City <b>Mesa</b>	State <b>AZ</b>	ZIP Code <b>85213</b>	City <b>Mesa</b>	State <b>AZ</b>	ZIP Code <b>85213</b>

- 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: \$ Varies per Year

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

Line 21 continues on page 5 →



Applicant's Name (as shown on page 1)

N. Dane

**APPLICATION FOR BINGO LICENSE**

**21 Expected Bingo Expenses, continued...**

- g** Maximum prize payout per occasion: **\$ 350.00**. *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:

Taxes, Licensing Fees, Equipment Maintenance, Bingo Papers, Extra Christmas Cash Prizes

I, **Nancy Dane**, 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

  
DATE

**Manager**  
TITLE

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

**☎ (602) 716-7801**