

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.

1 Applicant's Name SNOWBIRD BINGO/DON DEBERNER	
2a Mailing Address 303 N. LINDSAY LOT I-27	
2b City MESA	State ZIP Code AZ 85213
3a Administrative Office Location	
3b City State ZIP Code	
4a Name of Contact Person DON WEHNER	4b Telephone No. REDACTED
4c E-mail Address RWEHNER2@LIVE.COM	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:

- | | | | |
|-------------------------------------|--|---|--|
| <input type="checkbox"/> Charitable | <input type="checkbox"/> Social | <input type="checkbox"/> Religious | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Fraternal | <input type="checkbox"/> Volunteer Fire Department | <input type="checkbox"/> Homeowners Association | <input type="checkbox"/> 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: MM/DD/YYYY

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)

SNOW BIRD BINGO

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 DON WEHNER	12b Name
Title MANAGER	Title
Address – Number and Street, Rural Rt., Apt. No. 303 N. LINDSAY LOT I-27	Address – Number and Street, Rural Rt., Apt. No.
City State ZIP Code MESA AZ 85213	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 NANCY WEHNER	Address – Number and Street, Rural Rt., Apt. No. 303 N. LINDSAY I-27
Title PROCEEDS COORDINATOR	City State ZIP Code MESA AZ 85213

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 DON DOEBEREINER	14b Name
Title SUPERVISOR	Title
Address – Number and Street, Rural Rt., Apt. No. 303 N. LINDSAY W-25	Address – Number and Street, Rural Rt., Apt. No.
City State ZIP Code MESA AZ 85213	City State ZIP Code
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

Snow Bird Bingo

- 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 BARB MENGAL	15b Name
15c Name WES THOMAS	15d Name
15e Name SANDRA DOEBERINER	15f Name
15g Name	15h Name

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

3020 E MAIN ST. (MESA SPIRIT R.V. RESORT)

- 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 checked="" type="checkbox"/> p.m.

- 18 List dates of proposed game cancellation if any:

NONE

7 PM

- 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)

SNOW Bird Bingo

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 DON WEHNER (07-023-A)	20b Name NANCY WEHNER (67-600-A)
Address - Number and Street, Rural Rt., Apt. No. 303 N. LINDSAY I-27	Address - Number and Street, Rural Rt., Apt. No. 303 N. LINDSAY I-27
City MESA State AZ ZIP Code 85213	City MESA State AZ ZIP Code 85213

- 21 Expected bingo expenses:

- a Mortgage: \$ -0- per month

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

- b Rent: \$ -0- 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- 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- 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- 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: \$ 500.- per MONTH

Payable to CACTUS Bingo Supply	Address - Number and Street, Rural Rt., Apt. No. 3210 E. ROESER Rd. SUITE 15
Telephone number (with area code) 602-268-2848	City PHOENIX State AZ ZIP Code 85040

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Applicant's Name (as shown on page 1)

SNOW BIRD Bingo

APPLICATION FOR BINGO LICENSE

21 Expected Bingo Expenses, continued...

80% OF INCOME

- g Maximum prize payout per occasion: \$
- NONE
- . 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:
- NONE

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:

MAINTAIN Bingo EQUIPMENT AND SERVICES

I, DON WEHNER, 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.

Don Wehner 6-8-19 MANAGER
 APPLICANT'S SIGNATURE DATE TITLE

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

(602) 716-7801

80% OF GROSS INCOME

Doors Open 6:00pm
Games Start at 7:00pm

WELCOME Snowbird Bingo

Early Birds

Game 1 Solid Yellow	50.- Any Straight Line Postage Stamp or 4 Corners		Game 3 Solid Pink	70.- Teeter Totter	
Game 2 Solid Orange	60.- Hardway Bingo No Free Space		Game 4 Solid Blue	80.- Any Bingo and 4 Corners	

Regular Games

Game 5 Blue Border	200.- Odd/Even Blackout		Game 10 Pink Border	100.- Lucky 7 7's Wild	
Game 6 Orange Border	100.- Letter X		Game 11 Gray Border	100.- Two Postage Stamps	
Game 7 Green Border	100.- Four on the top Four on the bottom		Game 12 Green Border	100.- Letter L Anyway	
Game 8 Double Action Card	200.- Blackout		Game 13 Brown Border	100.- Nine Pack Anyway	
Game 9 Yellow Border	Intermission 15 Minute Break 100.- Sputnik 1's & 4's Wild		Game 14 Red Border	100.- Six Pack Hardway No Free Space	
			Game 15 Lilac Border	200.- Blackout	

Thanks For Coming