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.

Applicant's Name		,			
Mailing Address	BIRD BINGE LINDSAY L	DON.	DetBerine	Falsification contained	in this application
303 N.	LINGSAY U	0/ I-	27	constitutes	a Class 6 felony.
City MESA		State ZII	85213	REVENUE USE ONL	Y. DO NOT MARK IN THIS ARE
Administrative Office Lo	ocation				
City		State ZIF	P Code		
Name of Contact Person	PHNER	4b Telephon RED A	ACTED		
E-mail Address RWEHNE	R2Q Live. Com	4c Fax No.		81 PM	80 RCVD
organization:	ss C license applicants only:				
☐ Charitable ☐ Fraternal	☐ Social ☐ Volunteer Fire De		☐ Religious ☐ Homeowners A		eterans onprofit Ambulance Servic
6 Class B and Clas	ss C license applicants only a	applying as a q			auxiliary information:
6a Parent Name			6b Auxiliary Nam	е	
Address – Number	and Street, Rural Rt., Apt. No.	7 7 7	Address - Numb	er and Street, Rural Rt.,	Apt. No.
City	Ctata 715				
		Code	City		State ZIP Code the organization was
7 Class B and Clas	ss C license applicants only a	applying as a q	qualified organizati	on, <i>provide the date</i>	the organization was
7 Class B and Clas established in Ariz 8 Class B and Clas	ss C license applicants only a	applying as a q	qualified organizati	on, <i>provide the date</i>	the organization was
7 Class B and Clas established in Ariz 8 Class B and Clas 8a Name	ss C license applicants only a zona: [M,M[D,D]Y,Y,Y,Y] ss C license applicants only a	applying as a q	qualified organizati qualified organizati 8b Name	on, provide the date on, list the current of	the organization was ficers of the organization:
7 Class B and Clasestablished in Arize 8 Class B and Clase 8 Name Title	ss C license applicants only a	applying as a q	qualified organizati qualified organizati 8b Name	on, <i>provide the date</i>	the organization was ficers of the organization:
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SNOW BIRD BINGO	APPLICATION FOR BINGO LIC
Class B and Class C license applicants only: Bingo checki	ing account information:
Checking Account Number Bank Name	Bank Branch
Class B and Class C license applicants only: Bingo interes	st-bearing account information:
Account Number Bank Name	Bank Branch
Class B and Class C license applicants only: List all office	ers and/or supervisors authorized to sign checks from the ac
listed above. If applying as a qualified organization, all superv	visors must be members of the applicant:
Tra Name	11b Name
Title	Title
Address – Number and Street, Rural Rt., Apt. No.	Address Number and Chest Develop Add N
Number and otreet, Nural Nt., Apt. No.	Address – Number and Street, Rural Rt., Apt. No.
City State ZIP Code	City State ZIP Code
List the name(s) of the one or two persons who will serve as r	managers If applying as a qualified organization, these personant
must be members of the applicant. Each person must submi	it an affidavit.
DON WEHMER	12b Name
	Title
Title MANAGER Address – Number and Street, Rural Rt., Apt. No.	
Address - Number and Street, Rural Rt., Apt. No.	Address – Number and Street, Rural Rt., Apt. No.
303 IV. LINDSAY LOT I-J7 City State ZIP Code	City State ZIP Code
MESA AZ 85213	
ist the name of the one person designated as proceeds coord	dinator. If applying as a qualified organization, this person mu
List the name of the one person designated as proceeds coord an officer or director and a member of the applicant. Each p	person must submit an affidavit.
an officer or director and a member of the applicant. Each p	person must submit an affidavit. Address – Number and Street, Rural Rt., Apt. No.
Name NANCY WEHNER Title	Address – Number and Street, Rural Rt., Apt. No. 3 03 N. Linugs 4 9 T - 27 City State 7IP Code
Name NANCY WEHNER	Address – Number and Street, Rural Rt., Apt. No. 303 N. Lingsay I-27
Name NANCY WEHNER Title Proceeds Coordinator	Address – Number and Street, Rural Rt., Apt. No. 303 N. Lingsay I-17 City State ZIP Code AZ 85213
Name NANCY WEHNER Title PROCEEDS CORDINATOR List the name(s) of the person(s) who will serve as supervisor. member of the applicant. Each person must submit an affidav	Address – Number and Street, Rural Rt., Apt. No. 3 03 N. Lingsay I-17 City State ZIP Code A Z 8 5 2 13 If applying as a qualified organization, each person must be
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S No W	Birth B	11490		APP	PLICATION FOR	BINGO LICENSE	
15 List the name(s) member or new		/ will serve as assis	tants. If applying as	a qualified organizeach person must s	zation, each pers	son must be a	
15a Name OAR	2		15b Name	y deri per cerrificat c	out an amad		
15c Namo			15d Name		Principal Passandrahasada		
15e Name	THOM RA DOCK	BERINER	15f Name				
15g Name			15h Name				
16 Street address of	the physical location	n where bingo will b	pe played:	SPIRIT R.	V. RESC	ORT)	
	on each respective	day that bingo will b	e played:		M	×	
SUN	MON	TUE	WED	THUR	FRI	SAT	
□a.m □ □ p.m		□a.m. □□p.m.	□a.m. □ p.m. ∟	□a.m. □p.m. ∟	□a.m. □p.m.	□a.m 黨 p.m	
18 List dates of prop	osed game cancella	tion if any:	18			7 PM	
	of premises where b						
	Rented or leased. Attach rental affidavit and copy of re- Landlord's Name			Address – Number and Street, Rural Rt., Apt. No.			
Telephone	Number (with area cod	e)	City		State	ZIP Code	
other relat	lely by the organizati	on. Attach <u>copy</u> of	f mortgage, deed of	trust, purchase agr	reement, escrow	agreement, or	
Holder of N	Mortgage		Address -	Number and Street,	Rural Rt., Apt. No.		
Telephone	Number (with area cod	e)	City		State	ZIP Code	
d Owned join other relate	ntly with other organi	zation. Attach <u>cop</u>	y of mortgage, deed	of trust, purchase	agreement, escr	row agreement, or	
1) Holder of	of Mortgage		Address -	Number and Street,	Rural Rt., Apt. No.		
Telephone	Number (with area cod	e)	City		State	ZIP Code	
2) Co-Own	er Holder:	- 56	Address -	Number and Street,	Rural Rt., Apt. No.		
Telephone	Number (with area code	e)	City		State	ZIP Code	
3) Co-Own	er Holder:		Address -	Number and Street,	Rural Rt., Apt. No.		
Telephone	Number (with area code	e)	City		State	ZIP Code	

Continued on page 4 →

	APPLICATION FOR BINGO LI
st bingo licensees who are or will be conducting bingo in	the same premises as you and those licensees located within 1
et of your premises.	
DON WEHNER (07-023-,	A) NANCY WEHNER (67-60
303 N. Linds Ay T-27	Address – Number and Street, Rural Rt., Apt. No. 303 N. LINGSAY I-27
ity State ZIP Code	City State ZIP Code
MESA AZ 85213	3 MESA AZ 8531
spected bingo expenses:	
Mortgage: \$O per month	
Payable to	Address – Number and Street, Rural Rt., Apt. No.
Telephone number (with area code)	City State ZIP Code
Rent: \$ per mont	th hour ccasion
, dyalic to	Address – Number and Street, Rural Rt., Apt. No.
Telephone number (with area code)	City State ZIP Code
Janitorial Services: \$O _ per ☐ month	
Payable to	th hour occasion Address – Number and Street, Rural Rt., Apt. No.
Telephone number (with area code)	
Telephone number (with area code)	City State ZIP Code
Accounting Services: \$ per _ month	th hour occasion
	Address – Number and Street, Rural Rt., Apt. No.
Telephone number (with area code)	City State ZIP Code
Security Services: \$	h hour occasion
	Address – Number and Street, Rural Rt., Apt. No.
Payable to per imontr	1
Payable to	City
Payable to Telephone number (with area code)	City State ZIP Code
Payable to Telephone number (with area code)	Address – Number and Street, Rural Rt., Apt. No.
Payable to Telephone number (with area code) Bingo Supplies: \$ 50, - per	PONTH

Line 21 continues on page 5 →

Ξx	pected Bingo Expenses,	continued	800 0 E	INGOME			
9	Maximum prize payout per occasion: \$ None Attach game schedule that lists individual prize amounts.						
	Paid to	47-140	Address – Number	er and Street, Rural Rt., Apt. No	amounts.		
	Telephone number (with area code)		and the second s				
	relephone number (with an	sa code)	City	State	ZIP Code		
1	Utility Expenses:	1/					
	Utility Expenses: NONE Electric (payable to)		Address – Number	er and Street, Rural Rt., Apt. No).		
	Account Number	Monthly Amount	City	Chata	710.0		
		\$	Oity	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 - Numbe	er and Street, Rural Rt., Apt. No	u.		
	Account Number	Monthly Amount	City	State	ZIP Code		
l		\$					
	Trash Removal (payable to)		Address - Numbe	r and Street, Rural Rt., Apt. No			
-	Account Number	Monthly Amount	City	State	ZIP Code		
- 1		\$					

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

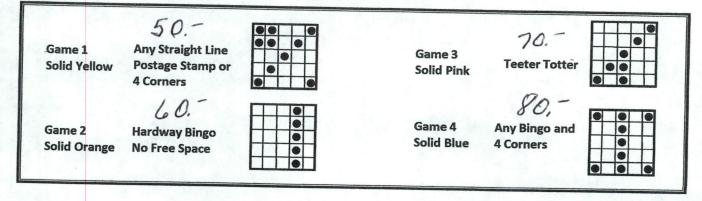
(602) 716-7801

80% OF GROSS INCOME

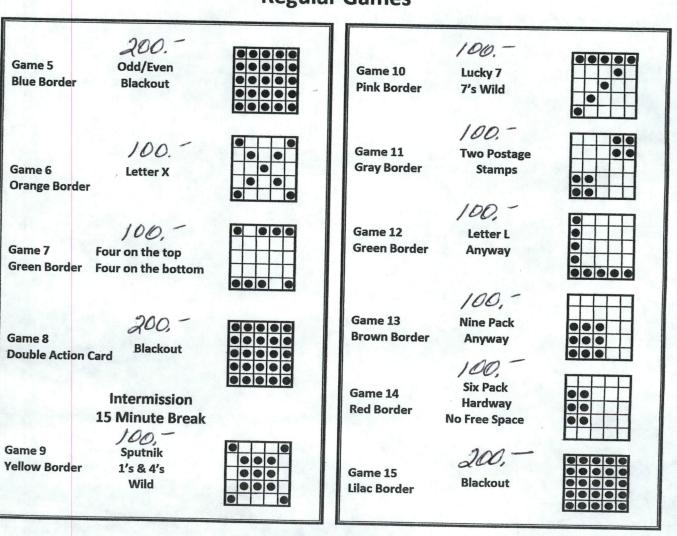
Doors Open 6:00pm Games Start at 7:00pm

WELCOME Snowbird Bingo

Early Birds



Regular Games



Thanks For Coming