## Arizona Form 833

## Application for Bing Cicense

• 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.

Mailing Address	nrise Villa	ge Binge	0#3		ication of ined in th	information is application
FLOD T	= mrkell	105 Rd		const	itutes a Cla	ss 6 felony.
City Mr. SC	<u> </u>	State A7	ZIP Code	REVENUE 88	USE ONLY. DO NO	OT MARK IN THIS ARE
Administrative Office Loca	tion mckellin	os Rd	00 110			
city mesa		H2	ZIP Code \$521	5		
Name of Contact Person	cwilliams	4b Teleph	380-88	45		PCVD
E-mail Address ,macwillian	nsathesma	1.COM 46 Fax No		79 81 PM		80 RCVD
Class B and Class Corganization:	C license applicants	only: If applying	as a qualified o	rganization, check	one box to ind	icate the type of
☐ Charitable	☐ Social		Religious		☐ Veterans	
Fraternal	The second secon	ire Department		ers Association		Ambulance Service
	C license applicants	only applying as			arent or auxilia	ry information:
6a Parent Name			6b Auxiliary	Name		
Address – Number and	Street, Rural Rt., Apt. N	0.	Address -	Number and Street, F	Rural Rt., Apt. No	).
City	State	ZIP Code	City		State	710 0-4-
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9	Class B and Class C license	applicants only: Bingo che	cking account information	1.	
	Checking Account Number	Bank Name		Bank Branch	
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10	Class B and Class C license Account Number	Bank Name			***************************************
	Account Number	bank Name		Bank Branch	
11	Class B and Class C license	applicants only: List all offi	cers and/or supervisors	authorized to sign chec	ks from the ac
	listed above. If applying as a c	qualified organization, all supe	ervisors must be memb	ers of the applicant:	
	Tra Name		11b Name		
	Title		Title		
			Tido		
	Address - Number and Street, Ru	ral Rt., Apt. No.	Address – Number an	nd Street, Rural Rt., Apt. No	
	0"				
	City	State ZIP Code	City	State	ZIP Code
	1 10				
12	List the name(s) of the one or	two persons who will serve as	s managers. If applying a	as a qualified organizatio	n, these perso
	must be members of the appli	cant. Each person must sub	mit an affidavit.		
	12a Name Tenk	ver	12b Name		
	Title .		Title		
	Mamaer		Tide		
	Address - Number and Street, Ru		Address - Number an	d Street, Rural Rt., Apt. No.	
		Upskd. #219			
	City	State ZIP Code	- City	State	ZIP Code
	1. 601	16 00010	/		
40					
13	List the name of the one person	n designated as proceeds coo	ordinator. If applying as a	qualified organization, t	his person <b>m</b> u
	an officer or director and a m	ember of the applicant. Each		affidavit. d Street, Rural Rt., Apt. No.	
	Ka: M		LAddress - Number and	Street Rural Rt Ant No	
	I TYTIN IIW	moillians	2550 S E	DENOVAL RA	#427
	Title .	Williams	2550 S.E	11sworth Rd	#437
	Title .	Williams pordinator	2550 S. E City Mes4	1) Sworth Ra State FIZ	#437 ZIP Code 8520
14	Proceeds Co	pordinator	2550 S. E City Mesa	11Sworth Rd State AZ	#437 ZIP Code 8520
14	List the name(s) of the person(s	oordinator s) who will serve as superviso	City Mesa.  r. If applying as a qualifie	11Sworth Rd State AZ	#437 ZIP Code 8520
14	Proceeds Co	oordinator s) who will serve as superviso	City Mesa  r. If applying as a qualification.	1 Sworth Rd State AZ	#437 ZIP Code 8520
14	List the name(s) of the person(s member of the applicant. Each	oordinator s) who will serve as superviso	City Mesa.  r. If applying as a qualifie	1 Sworth Rd State AZ	#437 ZIP Code 8520
14	List the name(s) of the person(s member of the applicant. Each	s) who will serve as supervison person must submit an affida	City Mesa  r. If applying as a qualification.	1 Sworth Rd State AZ	#437 ZIP Code 8520
14	List the name(s) of the person(s member of the applicant. Each Title	s) who will serve as supervison person must submit an affida	r. If applying as a qualification.  14b Name  Title Superior	State AZ ed organization, each per CVISOV	#437 ZIP Code 8520
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15a	Name	ber of the applical	it. Except for Cla	iss A licensees, e	A" licensees, each person must submit an affidavit.			
	Ronda Aschemann			15b Name	15d Name Yee Hoy			
15C				15d Name				
15e Name			15f Name					
15a	Jaan Vernon Linda Balderacchi							
				15h Name				
Stre	et address of the p	hysical location wh	nere bingo will be p	olayed: 540a	REM	Kellos Pd		
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ndica	Neither rent nor		aid from bingo fun	ds. rental agreement		ıt, Rural Rt., Apt. No.		
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		t's Name (as shown on page 1) Surise Village Bir	go #3	APPLICATION FOR BINGO LICE		
20	List	t bingo licensees who are or will be conducting bingor t of your premises:	o in the same premises as you	ame premises as you and those licensees located within 1,00		
		dress - Number and Street, Rural Rt., Apt No.	20b Name	mise Village Birgot nd Street, Rural Rt., Apt. No.		
	City	STORE MCKELLIOS KA	15402 E	MCKellips Kd		
21	Exp	pected bingo expenses:		TIL BOOK		
	a	Mortgage: \$ per mon		and Street, Rural Rt., Apt. No.		
			7 todroso - I tollibel	and Gueet, Kurai Kt., Apt. No.		
+		Telephone number (with area code)	City	State ZIP Code		
ı			nonth  hour  occasion			
		Payable to	Address - Number	and Street, Rural Rt., Apt. No.		
		Telephone number (with area code)	City	State ZIP Code		
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Line 21 continues on page 5 →

		nnse Village F	JII GO # 3	APPLICATION FOR BINGO LI		
	pected Bingo Expenses, continued					
1	Maximum prize payout per occasion: \$		. Attach game schedule that lists individual prize amounts.			
			Address – Number and Street, Rural Rt., Apt. No.			
	Telephone number (with a	area code)	City	State ZIP Code		
	A Company of the Comp					
	Utility Expenses:					
	Electric (payable to)		Address - Numb	er and Street, Rural Rt., Apt. No.		
	Account Number	Monthly Amount	City	State ZIP Code		
1	Gas (payable to)		Address – Numb	er and Street, Rural Rt., Apt. No.		
+	Account Number	Monthly Amount		, , , , , , , , , , , , , , , , , , ,		
		\$	City	State ZIP Code		
1	Water (payable to)		Address – Number and Street, Rural Rt., Apt. No.			
1	Account Number	Monthly Amount	City	State ZIP Code		
F	Trash Removal (payable to)		Address – Number and Street, Rural Rt., Apt. No.			
1	Account Number	Monthly Amount	City	State ZIP Code		
		\$		Cidito Zir Code		

APPLICANT'S SIGNATURE

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

**7** (602) 716-7801