



## Arizona Department of Revenue

## Application for Bingo License Packet

### 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.

### 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.

RECEIVED

JAN 15 2020

CITY OF MESA  
LICENSING OFFICE

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# 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.

<b>1 Applicant's Name</b> Disabled American Veterans - Chapter 8 (DAV)		
<b>2a Mailing Address</b> 655 N. Gilbert Dr.		
<b>2b City</b> Mesa	<b>State</b> AZ	<b>ZIP Code</b> 85203
<b>3a Administrative Office Location</b> 655 N. Gilbert Rd.		
<b>3b City</b> Mesa	<b>State</b> AZ	<b>ZIP Code</b> 85203
<b>4a Name of Contact Person</b> Michael Crowe	<b>4b Telephone No.</b> 480-890-2424	
<b>4c E-mail Address</b> Commander@azdav08.org	<b>4c Fax No.</b> 480-615-4900	

**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:

<b>6a Parent Name</b> Disabled American Veterans Chapter 8 Address – Number and Street, Rural Rt., Apt. No. 655 N. Gilbert Rd. City State ZIP Code Mesa AZ 85203	<b>6b Auxiliary Name</b> Address – Number and Street, Rural Rt., Apt. No. City State ZIP Code
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- 7 Class B and Class C license applicants only** applying as a qualified organization, provide the date the organization was established in Arizona: 09/30/1953

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

<b>8a Name</b> Michael Crowe Title Commander Address – Number and Street, Rural Rt., Apt. No. 655 N. Gilbert Rd. City State ZIP Code Mesa AZ 85203	<b>8b Name</b> George Colbert Title Sr. Vice Commander Address – Number and Street, Rural Rt., Apt. No. 655 N. Gilbert Rd. City State ZIP Code Mesa AZ 85203
<b>8c Name</b> Stuart Reck Title Tresure Address – Number and Street, Rural Rt., Apt. No. 655 N. Gilbert Rd. City State ZIP Code Mesa AZ 85203	<b>8d Name</b> Dan Cook Title Jr. Vice Commander Address – Number and Street, Rural Rt., Apt. No. 655 N. Gilbert Rd. City State ZIP Code Mesa AZ 85203

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)

**APPLICATION FOR BINGO LICENSE**

**9 Class B and Class C license applicants only:** Bingo checking account information:

Checking Account Number 595015980	Bank Name CHASE	Bank Branch MCKELIPS + GILBERT RD.
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**10 Class B and Class C license applicants only:** Bingo interest-bearing account information:

Account Number N/A	Bank Name N/A	Bank Branch N/A
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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:

<b>11a Name</b> Michael Crowe Title Manager Address – Number and Street, Rural Rt., Apt. No. 655 N. Gilbert Rd. City State ZIP Code Mesa AZ 85203	<b>11b Name</b> Stuart Reck Title TresureR Address – Number and Street, Rural Rt., Apt. No. 655 N. Gilbert Rd. City State ZIP Code Mesa AZ 85203
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**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.*

<b>12a Name</b> Michael Crowe Title Manager Address – Number and Street, Rural Rt., Apt. No. 655 N. Gilbert Rd. City State ZIP Code Mesa AZ 85203	<b>12b Name</b> Carl Forkner Title Manager Address – Number and Street, Rural Rt., Apt. No. 644 N. Gilbert City State ZIP Code Mesa AZ 85203
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**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 Stuart Reck Title Treasurer	Address – Number and Street, Rural Rt., Apt. No. 655 N. Gilbert Rd. City State ZIP Code Mesa AZ 85203
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**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.*

<b>14a Name</b> Richard Wenner Title Supervisor Address – Number and Street, Rural Rt., Apt. No. 655 N. Gilbert Rd. City State ZIP Code Mesa AZ 85203	<b>14b Name</b>  Title  Address – Number and Street, Rural Rt., Apt. No.  City State ZIP Code    <b>14c Name</b>  Title  Address – Number and Street, Rural Rt., Apt. No.  City State ZIP Code    <b>14d Name</b>  Title  Address – Number and Street, Rural Rt., Apt. No.  City State ZIP Code   
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Applicant's Name (as shown on page 1)

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 Debbie Roberts	15b Name Howard Doll
15c Name Orland Adams	15d Name
15e Name	15f Name
15g Name	15h Name

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

2024 E. University Ave., Mesa, AZ 85203

- 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.	11:00 <input checked="" 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.	3:00 <input checked="" 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)

**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: \$\_\_\_\_\_ 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: \$200.00 per MO.

Payable to	Address – Number and Street, Rural Rt., Apt. No.
Cactus Bingo Supply	3210 E. Roeser Rd. Ste. 15
Telephone number (with area code)	City State ZIP Code
(800) 544-0984	Mesa AZ 85040

Line 21 continues on page 5 →



Applicant's Name (as shown on page 1)

**APPLICATION FOR BINGO LICENSE**

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

- g** Maximum prize payout per occasion: \$150.00. *Attach game schedule that lists individual prize amounts.*

Paid to The People Who Win the Games		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:

Proceeds will be utilized by the Disabled American Veterans Chapter 8 to assist veterans needs, and to defer expenses.

I, Michael Crowe, 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.

Michael A. Crowe 1-13-20  
APPLICANT'S SIGNATURE DATE TITLE  
Manager/Commander

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

☎ (602) 716-7801



# AN ACT TO INCORPORATE Disabled American Veterans

As Amended (Chapter 6A, Title 36, U. S. Code)

**Sec. 90a: Incorporation Name:** The name of this corporation shall be the "DISABLED AMERICAN VETERANS".

**Sec. 90b: Completion of Organization:** (The persons named in Sec. 90a of the Act approved June 17, 1932) and such other persons as may be selected from among the membership of the Disabled American Veterans of the World War, an unincorporated patriotic society of the wounded and disabled soldiers, sailors, and marines of the Great War of 1917-18, are hereby authorized to meet to complete the organization of said corporation by the selection of officers, the adoption of a constitution and by-laws, and to do all other things necessary to carry into effect the provisions of this chapter, at which meeting any person duly accredited as a delegate from any local or State organizations of the existing unincorporated organization known as the Disabled American Veterans of the World War shall be permitted to participate in the proceedings thereof.

**Sec. 90c: Purposes of Corporation:** The purposes of this corporation shall be—

To uphold and maintain the Constitution and the laws of the United States, to realize the true American ideals and aims for which those eligible to membership fought; to advance the interests and work for the betterment of all wounded, injured, and disabled American veterans; to cooperate with the United States Veterans' Administration and all other public and private agencies devoted to the cause of improving and advancing the condition, health, and interests of all wounded, injured, and disabled veterans; to stimulate a feeling of mutual devotion, helpfulness, and comradeship among all wounded, injured, and disabled veterans; to serve our comrades, our communities, and our country; and to encourage in all people that spirit of understanding which will guard against future wars.

**Sec. 90d: Corporate Powers:** The corporation created by this chapter shall have the following powers: To have perpetual succession with power to sue and be sued in courts of law and equity; to receive, hold, own use, and dispose of such real estate and personal property as shall be necessary for its corporate purposes; to adopt a corporate seal and alter the same at pleasure; to adopt a constitution, by-laws, and regulations to carry out its purposes, not inconsistent with the laws of the United States or any State; to use in carrying out the purposes of the corporation such emblems and badges as it may adopt; to establish and maintain offices for the conduct of its business; to establish State and Territorial organizations and local chapter or post organizations; to publish a newspaper or other publications devoted to the purposes of the corporation; and generally to do any and all such acts and things as may be necessary and proper in carrying into effect the purposes of the corporation.

**Sec. 90e: Membership:** Any man or woman who was wounded, gassed, injured, or disabled in line of duty during time of war while in the service of either the military or naval forces of the United States of America, and who has been honorably discharged or separated from such service, or who may still be in active service in the armed forces of the United States, is eligible for membership in the Disabled American Veterans. Others who were disabled while serving with any of the armed forces of any nations associated with the United States as allies during any of its war periods, who are American citizens and who were honorably discharged, are also eligible. The Disabled American Veterans shall not have honorary members.

**Sec. 90f: Nonpolitical Nature of Corporation:** The organization shall be nonpolitical and nonsectarian, and as an organization shall not promote the candidacy of any person seeking public office.

**Sec. 90g: Assets of Existing Organization:** Said corporation may acquire any or all of the assets of the existing unincorporated national organization known as the Disabled American Veterans of the World War upon discharging or satisfactorily providing for the payment and discharge of all its liabilities.

**Sec. 90h: Exclusive Right to Name:** Said corporation, and its State and local subdivisions, shall have the sole and exclusive right to have and to use in carrying out its purposes the name "Disabled American Veterans".

**Sec. 90i: Reports to Congress:** The said corporation shall, on or before the 1st day of January in each year, make and transmit to the Congress a report of its proceedings, the full and complete report including a full and complete report of its receipts and expenditures.

**Sec. 90j: State Agents:** As a condition precedent to the exercise of any power or privilege herein granted or conferred, the Disabled American Veterans shall file in the office of the secretary of each state, in which chapters thereof may be organized, the name and post office address of an authorized agent in such state, upon whom legal process or demands against the Disabled American Veterans may be served.

**Sec. 90k: Right to Repeal, Etc., Reserved:** The right to repeal this chapter at any time is hereby expressly reserved.

INCORPORATING DIVISION

OCT 26 1937

At request of

no fee



ARIZONA CORPORATION COMMISSION  
INCORPORATING DIVISION

FILED

MAY 28 1959

At ..... at request of

Address .....

By .....

FRANCIS J. BYRNES, SECRETARY

AN ACT TO INCORPORATE

# Disabled American Veterans

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ARIZONA CORPORATION COMMISSION

INCORPORATING DIVISION

FILED

JUN 4 1959

9:00 AM

C.T. Corp System

1622 W. Washington

Phoenix, Arizona

May 8 1959

FRANCIS J. BYRNES, SECRETARY

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Reo-99148

(a.k. by F. Byrnes)