



Arizona Department of Revenue • Bingo Section

Phoenix: (602) 716-7801

APPLICATION FOR BINGO LICENSE

Complete all information on this form. If you do not complete all information, your application will be returned. All information is subject to verification. If you need more space, attach additional sheets.

Falsification of information contained in this application constitutes a Class 6 felony.

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.

For Department of Revenue Use Only
Approved/Disapproved checkboxes
REVIEWER'S NAME (please print)
DATE
License Classification: Class A (checked), Class B, Class C
LICENSE NUMBER
TERM OF LICENSE: From: To:

Type or print in black ink.

1 APPLICANT'S NAME: THE CITADEL
2 TELEPHONE NUMBER WITH AREA CODE: (480) 832-7600
3a ADMINISTRATIVE OFFICE LOCATION: 520 S Highwy RD
4a MAILING ADDRESS: 444 S Highwy Rd
3b CITY: MESA STATE: AZ ZIP CODE: 85206
4b CITY: MESA STATE: AZ ZIP CODE: 85206

Class B and Class C license applicants only: If applying as a qualified organization, indicate the type of organization:
Check one box:
Charitable, Social, Religious, Veterans, Fraternal, Volunteer Fire Department, Homeowners Association, Nonprofit Ambulance Service

Class B and Class C license applicants only: If applying as a qualified organization, give the name and address of your one parent or auxiliary:
PARENT 6a ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. CITY STATE ZIP CODE
AUXILIARY 6b ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. CITY STATE ZIP CODE

Class B and Class C license applicants only: If applying as a qualified organization, indicate the date your organization was established in Arizona: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**Class B and Class C license applicants only:** If applying as a qualified organization, list current officers:

NAME <b>8a</b>	NAME <b>8b</b>
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
NAME <b>8c</b>	NAME <b>8d</b>
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

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

Checking Account Number: \_\_\_\_\_

Bank Name and Branch: \_\_\_\_\_

**Class B and Class C license applicants only:** Bingo interest-bearing account information:

Account Number: \_\_\_\_\_

Bank Name and Branch: \_\_\_\_\_

**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:

NAME <b>11a</b>	NAME <b>11b</b>
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.*

NAME <b>12a</b> Shana Williamson	NAME <b>12b</b> Rebecca Brandon
TITLE Recreational Director	TITLE General Manager
ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. 555 N Federal St #1037	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. 502 E. Orion St.
CITY STATE ZIP CODE Chandler AZ 85226	CITY STATE ZIP CODE Tempe AZ 85283

**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 Shana Williamson	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. 555 N Federal St #1037
TITLE Recreational Director	CITY STATE ZIP CODE Chandler AZ 85226

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.

NAME 14a Shana Williamson	NAME
TITLE Recreational Director	TITLE
ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. 555 n Federal St 1037	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
CITY Chandler	CITY STATE ZIP CODE
STATE AZ	STATE ZIP CODE
ZIP CODE 85226	ZIP CODE
NAME 14c	NAME 14d
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

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.

NAME 15a Kay Nawqebawon	NAME 15b Elizabeth Fargo
NAME 15c Paulette Richter	NAME 15d Shana Williamson
NAME 15e	NAME 15f
NAME 15g	NAME 15h

16 Street address of the physical location where bingo will be played:  
444 S Higley Rd Mesa AZ 85206 DESERT ROSE HALL

17 Indicate the time on each respective day that bingo will be played:

Monday: \_\_\_\_\_  AM  PM      Friday: \_\_\_\_\_  AM  PM

Tuesday: \_\_\_\_\_  AM  PM      Saturday: \_\_\_\_\_  AM  PM

Wednesday: 2-5  AM  PM      Sunday: \_\_\_\_\_  AM  PM

Thursday: \_\_\_\_\_  AM  PM

18 List dates of proposed game cancellation if any:

19 Indicate the type of premises where bingo will be played. Check one box (line 19 continues on page 4):

a  Neither rent nor mortgage will be paid from bingo funds.

b \_\_\_\_\_ ented 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, etc..

HOLDER OF MORTGAGE	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
TELEPHONE NUMBER WITH AREA CODE	CITY STATE ZIP CODE

19d  Owned jointly with other organization. Attach copy of mortgage, deed of trust, purchase agreement, escrow agreement, etc.

HOLDER OF MORTGAGE <b>1)</b>	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
TELEPHONE NUMBER WITH AREA CODE	CITY STATE ZIP CODE
CO-OWNER HOLDER: <b>2)</b>	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
TELEPHONE NUMBER WITH AREA CODE	CITY STATE ZIP CODE
CO-OWNER HOLDER: <b>3)</b>	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
TELEPHONE NUMBER WITH AREA CODE	CITY STATE ZIP CODE

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.

NAME <b>20a</b> N/A	NAME <b>20b</b>
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 (line 21 continues on page 5):

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

21 Expected Bingo Expenses, continued...

f Bingo Supplies: \$ 0 per month

PAYABLE TO		ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.		
TELEPHONE NUMBER WITH AREA CODE		CITY	STATE	ZIP CODE

g Maximum prize payout per occasion: \$ \_\_\_\_\_ 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 Utilities 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:

PRIZES FOR ATTENDEES, BINGO SUPPLIES, REFRESHMENTS, ADVERTISEMENT (FLYERS & POSTAGE) FOR BINGO EVENT

Under penalty of perjury, upon oath, I, REBECCA BRANDON, 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.

Rebecca Brandon 4.15.13 General Manager  
 AFFIANT'S SIGNATURE DATE TITLE



Arizona Department of Revenue • Bingo Section

1600 West Monroe, Phoenix, AZ 85007 • (602) 716-7801

AFFIDAVIT

This affidavit must be completed by each person who wishes to assist in the conduct of any game of bingo. If any information is blank or incorrect, the affidavit will be returned to you. All information is subject to verification. Disclosure of your Social Security Number is voluntary. This information may be used to establish positive identification for purposes of criminal background checks pursuant to Arizona Revised Statutes, §5-404.

Please type or print in black ink.

LICENSEE'S NAME: The Citadel, LICENSE NUMBER, POSITION: Assistant (checked), Manager, Supervisor, Proceed Coordinator

AFFIANT'S NAME: Elizabeth Fargo, SOCIAL SECURITY NO., ADDRESS: 8356 E Fable Circle, DATE OF BIRTH: Redacted, CITY: Mesa, STATE: AZ, ZIP CODE: 85208

If licensee is a qualified organization, complete the following section:

MEMBER? Yes/No, DATE JOINED ORGANIZATION, OFFICERS? Yes/No, OFFICER TITLE, DO YOU HAVE AN AFFIDAVIT ON FILE FOR ANY OTHER LICENSEE? Yes/No

I, Elizabeth J. Fargo, the above named affiant, under penalty of perjury, upon oath, depose and say that I will conduct or assist in conducting all bingo games in compliance with the terms of the license, Arizona Revised Statutes, Title 5, Chapter 4, and the rules of the licensing authority. I am of good moral character and have never been convicted of any misdemeanor involving moral turpitude or felony. I have not and shall not receive any reward, compensation or recompense for my participation in the conduct of bingo games except as provided for by law. I hereby swear or confirm that I have read and understand the foregoing and verify that the information and statements made herein are true and correct to the best of my knowledge. Elizabeth J. Fargo, SIGNATURE OF AFFIANT, 4-15-13, DATE



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Please type or print in black ink.

LICENSEE'S NAME <i>The Citadel</i>	LICENSE NUMBER
POSITION Check the appropriate boxes: <input checked="" type="checkbox"/> Manager <input type="checkbox"/> Supervisor <input type="checkbox"/> Proceed Coordinator <input type="checkbox"/> Assistant	

AFFIANT'S NAME <i>Rebecca Brandon</i>	SOCIAL SECURITY NO.
ADDRESS <i>502 E. ORION STREET</i>	DATE OF BIRTH <b>Redacted</b>
CITY <i>TEMPE</i>	STATE <i>AZ</i>
HOME PHONE NO. (with area code) <i>480 456-6296</i>	ZIP CODE <i>85283</i>
WORK PHONE NO. (with area code)	

If licensee is a qualified organization, complete the following section:

MEMBER? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE JOINED ORGANIZATION
OFFICERS? <input type="checkbox"/> Yes <input type="checkbox"/> No	OFFICER TITLE
DO YOU HAVE AN AFFIDAVIT ON FILE FOR ANY OTHER LICENSEE? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", list license number(s):	

I, REBECCA BRANDON, the above named affiant, under penalty of perjury, upon oath, depose and say that I will conduct or assist in conducting all bingo games in compliance with the terms of the license, Arizona Revised Statutes, Title 5, Chapter 4, and the rules of the licensing authority. I am of good moral character and have never been convicted of any misdemeanor involving moral turpitude or felony. I have not and shall not receive any reward, compensation or recompense for my participation in the conduct of bingo games except as provided for by law. I hereby swear or confirm that I have read and understand the foregoing and verify that the information and statements made herein are true and correct to the best of my knowledge.

*Rebecca Brandon*  
SIGNATURE OF AFFIANT  
4-9-13  
DATE



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Please type or print in black ink.

LICENSEE'S NAME: The Citadel, LICENSE NUMBER, POSITION, Check the appropriate boxes: [ ] Manager [ ] Supervisor [ ] Proceed Coordinator [X] Assistant

AFFIANT'S NAME: Kay Neugebauer, SOCIAL SECURITY NO., ADDRESS: 7520 E. Nido Ave, DATE OF BIRTH: Redacted, CITY: Mesa, STATE: AZ, ZIP CODE: 85209, HOME PHONE NO.: 480-981-7937, WORK PHONE NO.

If licensee is a qualified organization, complete the following section:

MEMBER? [ ] Yes [ ] No, DATE JOINED ORGANIZATION, OFFICERS? [ ] Yes [ ] No, OFFICER TITLE, DO YOU HAVE AN AFFIDAVIT ON FILE FOR ANY OTHER LICENSEE? [ ] Yes [ ] No If "Yes", list license number(s):

I, Kay Neugebauer, the above named affiant, under penalty of perjury, upon oath, depose and say that I will conduct or assist in conducting all bingo games in compliance with the terms of the license, Arizona Revised Statutes, Title 5, Chapter 4, and the rules of the licensing authority. I am of good moral character and have never been convicted of any misdemeanor involving moral turpitude or felony. I have not and shall not receive any reward, compensation or recompense for my participation in the conduct of bingo games except as provided for by law. I hereby swear or confirm that I have read and understand the foregoing and verify that the information and statements made herein are true and correct to the best of my knowledge. Kay Neugebauer, SIGNATURE OF AFFIANT, 4-16-13, DATE



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Please type or print in black ink.

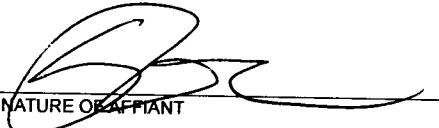
LICENSEE'S NAME <i>The Citadel</i>	LICENSE NUMBER
POSITION	
Check the appropriate boxes: <input checked="" type="checkbox"/> Manager <input checked="" type="checkbox"/> Supervisor <input checked="" type="checkbox"/> Proceed Coordinator <input checked="" type="checkbox"/> Assistant	

AFFIANT'S NAME <i>Shana Williamson</i>	SOCIAL SECURITY NO. Redacted
ADDRESS <i>555 N Federal St #1037</i>	DATE OF BIRTH Redacted
CITY <i>Chandler</i>	STATE <i>AZ</i>
	ZIP CODE <i>85226</i>
HOME PHONE NO. (with area code) <i>480-272-4693</i>	WORK PHONE NO. (with area code) <i>480-832-7600</i>

If licensee is a qualified organization, complete the following section:

MEMBER? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE JOINED ORGANIZATION
OFFICERS? <input type="checkbox"/> Yes <input type="checkbox"/> No	OFFICER TITLE
DO YOU HAVE AN AFFIDAVIT ON FILE FOR ANY OTHER LICENSEE? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", list license number(s):	

I, *Shana Williamson*, the above named affiant, under penalty of perjury, upon oath, depose and say that I will conduct or assist in conducting all bingo games in compliance with the terms of the license, Arizona Revised Statutes, Title 5, Chapter 4, and the rules of the licensing authority. I am of good moral character and have never been convicted of any misdemeanor involving moral turpitude or felony. I have not and shall not receive any reward, compensation or recompense for my participation in the conduct of bingo games except as provided for by law. I hereby swear or confirm that I have read and understand the foregoing and verify that the information and statements made herein are true and correct to the best of my knowledge.

  
 SIGNATURE OF AFFIANT  
*4-17-13*  
 DATE



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Please type or print in black ink.

LICENSEE'S NAME THE Citadel LICENSE NUMBER
POSITION
Check the appropriate boxes: [ ] Manager [ ] Supervisor [ ] Proceed Coordinator [X] Assistant

AFFIANT'S NAME Paulette Richter SOCIAL SECURITY NO.
ADDRESS 3104 E Broadway #42 DATE OF BIRTH Redacted
CITY Mesa STATE AZ ZIP CODE 85204
HOME PHONE NO. (with area code) 480-840-4963 WORK PHONE NO. (with area code)

If licensee is a qualified organization, complete the following section:

MEMBER? [ ] Yes [ ] No DATE JOINED ORGANIZATION
OFFICERS? [ ] Yes [ ] No OFFICER TITLE
DO YOU HAVE AN AFFIDAVIT ON FILE FOR ANY OTHER LICENSEE? [ ] Yes [ ] No If "Yes", list license number(s):

I, Paulette Richter, the above named affiant, under penalty of perjury, upon oath, depose and say that I will conduct or assist in conducting all bingo games in compliance with the terms of the license, Arizona Revised Statutes, Title 5, Chapter 4, and the rules of the licensing authority. I am of good moral character and have never been convicted of any misdemeanor involving moral turpitude or felony. I have not and shall not receive any reward, compensation or recompense for my participation in the conduct of bingo games except as provided for by law. I hereby swear or confirm that I have read and understand the foregoing and verify that the information and statements made herein are true and correct to the best of my knowledge.
Paulette Richter
SIGNATURE OF AFFIANT
04-15-13
DATE