

LIC#18-01187

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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.

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JUL 30 2018

CITY OF MESA  
LICENSING OFFICE

**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.

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**Arizona Form 833**

JUL 30 2018

~~CITY OF MESA~~

- 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 <b>Trisha Dreher</b>		
2a Mailing Address <b>1008 W Drummer Ave</b>	State	ZIP Code
2b City <b>Mesa</b>	<b>AZ</b>	<b>85210</b>
3a Administrative Office Location		
3b City	State	ZIP Code
4a Name of Contact Person <b>Trisha</b>	4b Telephone No. <b>(480) 290-7014</b>	
4c E-mail Address <b>trisha.dreher@christiancare.org</b>	4c Fax No. <b>(480) 834-1074</b>	

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

**REVENUE USE ONLY. DO NOT MARK IN THIS AREA.**

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**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:**

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: \_\_\_\_\_

**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

*Continued on page 2 →*

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<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			
Trisha Dreher					
<b>9 Class B and Class C license applicants only:</b> Bingo <u>checking</u> account information:					
Checking Account Number	Bank Name	Bank Branch			
<b>10 Class B and Class C license applicants only:</b> Bingo <u>interest-bearing</u> account information:					
Account Number	Bank Name	Bank Branch			
<b>11 Class B and Class C license applicants only:</b> List all <b>officers and/or supervisors</b> authorized to sign checks from the accounts listed above. If applying as a qualified organization, all <b>supervisors must be members</b> 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
<b>12</b> List the name(s) of the <b>one or two</b> persons who will serve as managers. If applying as a qualified organization, these persons <b>must be members</b> of the applicant. <i>Each person must submit an affidavit.</i>					
12a Name	12b Name				
Everett Garcia					
Title	Title				
Manager					
Address – Number and Street, Rural Rt., Apt. No.		Address – Number and Street, Rural Rt., Apt. No.			
35 W Brown Rd	City	State	ZIP Code		
Mesa	AZ	85201			
<b>13</b> List the name of the <b>one</b> person designated as proceeds coordinator. If applying as a qualified organization, this person <b>must be an officer or director and a member</b> of the applicant. <i>Each person must submit an affidavit.</i>					
Name	Address – Number and Street, Rural Rt., Apt. No.				
Barbra Fenderlander	155 W Brown Rd 267-S				
Title	City	State	ZIP Code		
Proceeds Coordinator	Mesa	AZ	85201		
<b>14</b> List the name(s) of the person(s) who will serve as supervisor. If applying as a qualified organization, each person <b>must be a member</b> of the applicant. <i>Each person must submit an affidavit.</i>					
14a Name	14b Name				
Laura Ontiveros					
Title	Title				
Activities					
Address – Number and Street, Rural Rt., Apt. No.		Address – Number and Street, Rural Rt., Apt. No.			
35 W Brown Rd	City	State	ZIP Code		
Mesa	AZ				
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

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 Phyllis Arnold	15b Name
15c Name	15d Name
15e Name	15f Name
15g Name	15h Name

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

35 W. Brown Rd

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 checked="" type="checkbox"/> p.m.						
		6:00		6:00	1:00	10:00

18 List dates of proposed game cancellation if any:

None Anticipated

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 ➔

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: \$0.00 per month

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

b Rent: \$0.00 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: \$0.00 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: \$0.00 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: \$0.00 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: \$0.00 per \_\_\_\_\_

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

Line 21 continues on page 5 ➔

## 21 Expected Bingo Expenses, continued...

g Maximum prize payout per occasion: \$5.00 *Attach game schedule that lists individual prize amounts.*

Paid to <b>Winner</b>	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:

No Net Proceeds

I, TRISHA DREHER, 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.

Trisha Dreher 7/19/18 Activities Director  
 APPLICANT'S SIGNATURE DATE TITLE

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

☎ (602) 716-7801

## FOR OFFICIAL USE ONLY PURSUANT TO A.R.S. § 5-404.A

- **License Applicants:** Complete lines 2, 3, and 4. Submit with entire license package to local governing body.
- **Local Governing Body:** Complete and return with license package to the Department of Revenue Bingo Section.

<input checked="" type="checkbox"/> New Application	<input type="checkbox"/> Change of Location	Date July 19, 2018	License Number
From (Name of local governing body)			
Address (number and street, PO Box)			
City	State	ZIP Code	
Phone No. (with area code)			
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1 This is to certify that on \_\_\_\_\_ a hearing was conducted pursuant to Arizona Revised Statute, Title 5, Chapter 4, in the matter of:  
 Application for a bingo license by the following applicant.  
 Application for a bingo license location transfer.

## 2 Applicant's Name

Trisha Dreher

3 Location/Address where games will be conducted: 35 W Brown Rd	City Mesa	State AZ	ZIP Code 85201
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## 4 Fill in the time on the days games will be played:

SUN	MON	TUE	WED	THUR	FRI	SAT
<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	<input checked="" type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.
		6:00		6:00	1:00	10:00

## 5 Background investigations:

have     have not been conducted on all individuals listed in the Bingo License Application.

6 Recommendation for the application:  Approved     Disapproved

## 7 Specific reasons for disapproval are hereby listed pursuant to A.R.S. § 5-404.1:

This endorsement must be signed by a delegated authority of the local governing body.

PRINTED NAME

SIGNATURE

DATE

TITLE

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