

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 live bingo games, you must renew your license prior to the expiration date pursuant to A.R.S. §§ 5-403(C) and 5-410.

KM 8/16/22

1 Applicant's Name <i>DBA -</i> Rancho Reata Resident's Association / <i>KATHI E. MCMICHAEL</i>		
2a Mailing Address 9828 E Pueblo Ave #79		
2b City Mesa	State AZ	ZIP Code 85208
3a Administrative Office Location 9828 E Pueblo Ave (Clubhouse)		
3b City Mesa	State AZ	ZIP Code 85208
4a Name of Contact Person Kathi McMichael	4b Telephone No. [REDACTED]	
4c E-mail Address kathimcmichael@gmail.com	4c Fax No.	

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:

- KM 8/16/22*
- 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, *list the current officers or Board of Directors of the organization:*

7a Name			7b 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
7c Name			7d 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

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

Checking Account Number	Bank Name	Bank Branch
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Applicant's Name (as shown on page 1)

DDA
RM
5/14/22
Rancho Reata Resident's Association - KATHI E. McMICHAEL

APPLICATION FOR BINGO LICENSE

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

Account Number	Bank Name	Bank Branch
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10 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:

10a Name	10b Name
Title	Title

11 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.*

11a Name Don Klaehn	11b Name
Title Manager	Title

12 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 Kathi McMichael	Title Proceeds Coordinator/Manager
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13 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. If additional names are required, please attach affidavits.*

13a Name Michael Voyda	13b Name Joyce McKinley
Title Supervisor	Title Supervisor

14 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.*

14a Name Paul Murphy	14b Name Richard Turner
14c Name Michael Ryan	14d Name Judy Smith

15 Street address of the **PHYSICAL** location where live bingo will be played:
9828 E. Pueblo Ave (Clubhouse) Mesa, AZ 85208

16 Games of Bingo must not exceed 5 days a week. Indicate the time on each respective day that live 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.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.
<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	6:30 <input checked="" type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.

Games will Run From ~~11/2/22~~ - 3/29/23
11/2/22

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km
8/16/03

Applicant's Name (as shown on page 1)

DBA
Rancho Reata Resident's Association - KATHI E. WRMICHAEL

APPLICATION FOR BINGO LICENSE

17 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

18 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.

18a Name	18b 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

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km
7/16/08

Applicant's Name (as shown on page 1)
DRA
Rancho Reata Resident's Association - KATHI E. McMICHAEL

APPLICATION FOR BINGO LICENSE

19 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: \$ 20.00 per month

Payable to	Address - Number and Street, Rural Rt., Apt. No.		
Wholesale Bingo Supplies	3520 Scheele Dr		
Telephone number (with area code)	City	State	ZIP Code
(888) 344-0413	Jackson	MI	49202

20 Who is your live bingo supplier? (For all bingo supplies). Do you foresee purchasing/renting machines as "technological aids for your live bingo games?

We currently have used equipment but may need to buy in the future. Will be shopping online and local for prices

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KM
8/16/22

Applicant's Name (as shown on page 1)

DBA
Rancho Reata Resident's Association - KATHI E. McMICHAEL

APPLICATION FOR BINGO LICENSE

I, Kathi McMichael, 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.

Kathi E. McMichael
APPLICANT'S SIGNATURE

7/12/22
DATE

Proceeds Coordinator
TITLE

Please mail to:
Arizona Department of Revenue
1600 W Monroe Street, Division Code 22
Phoenix, AZ 85007
☎ (602) 716-7801

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

Approved Disapproved Class A License Class B License Class C License

Reviewer's Name (please print)	Date	License Number	Effective Date	Expiration Date
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