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CITY OF MESA  
LICENSING OFFICE

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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

REVIEWER'S NAME (please print)

DATE

License Classification:  Class A  Class B  Class C

LICENSE NUMBER

TERM OF LICENSE:

From:

To:

Type or print in black ink.

<b>1</b> APPLICANT'S NAME The Orchard II	<b>2</b> TELEPHONE NUMBER WITH AREA CODE (480) 832-2027
<b>3a</b> ADMINISTRATIVE OFFICE LOCATION 108 N Greenfield Rd	<b>4a</b> MAILING ADDRESS 108 N Greenfield Rd
<b>3b</b> CITY STATE ZIP CODE Mesa AZ 85205	<b>4b</b> CITY STATE ZIP CODE Mesa AZ 85205

**5 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

**6 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:

<b>PARENT</b>	<b>AUXILIARY</b>
<b>6a</b>	<b>6b</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

**7 Class B and Class C license applicants only:** If applying as a qualified organization, indicate the date your organization was established in Arizona: \_\_\_\_\_

**8 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

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

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

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

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

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

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

**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:

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> Syble Walthall	NAME <b>12b</b>
TITLE Activities Director	TITLE
ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. 108 N Greenfield Rd	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
CITY STATE ZIP CODE Mesa AZ 85205	CITY STATE ZIP CODE

**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 Mark Jackson	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. 108 N Greenfield Rd
TITLE Assistant Activities Director	CITY STATE ZIP CODE Mesa AZ 85205

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 <b>14a</b>	NAME <b>14b</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>14c</b>	NAME <b>14d</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

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 <b>15a</b>	NAME <b>15b</b>
NAME <b>15c</b>	NAME <b>15d</b>
NAME <b>15e</b>	NAME <b>15f</b>
NAME <b>15g</b>	NAME <b>15h</b>

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

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

Monday: \_\_\_\_\_  AM  PM      Friday: 6:00  AM  PM

Tuesday: 2:00  AM  PM      Saturday: \_\_\_\_\_  AM  PM

Wednesday: \_\_\_\_\_  AM  PM      Sunday: \_\_\_\_\_  AM  PM

Thursday: 2:00  AM  PM

18 List dates of proposed game cancellation if any:

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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  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, 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> The Orchard I	NAME <b>20b</b>
ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. 07-358-A	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

115463

ARIZONA DEPARTMENT OF REVENUE

APPLICATION FOR BINGO LICENSE

21 Expected Bingo Expenses, continued...

f Bingo Supplies: \$ \_\_\_\_\_ per \_\_\_\_\_

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:

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Under penalty of perjury, upon oath, I, Sybil Watthall, 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.

→

Sybil Watthall      4/18/12      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.**

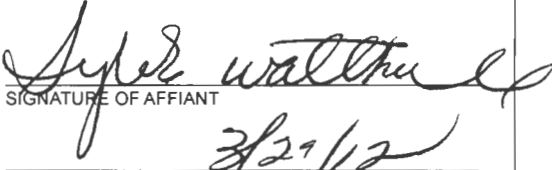
LICENSEE'S NAME <b>The Orchard II</b>	LICENSE NUMBER
POSITION Check the appropriate boxes: <input checked="" type="checkbox"/> Manager <input type="checkbox"/> Supervisor <input type="checkbox"/> Proceed Coordinator <input type="checkbox"/> Assistant	

AFFIANT'S NAME <b>Syble Walthall</b>		SOCIAL SECURITY NO. <b>450-70-7574</b>
ADDRESS <b>108 N Greenfield Rd</b>		DATE OF BIRTH <b>1, 1   2, 3   1, 9, 4, 4</b>
CITY <b>Mesa</b>	STATE <b>AZ</b>	ZIP CODE <b>85205</b>
HOME PHONE NO. (with area code)	WORK PHONE NO. (with area code) <b>(480) 832-2027</b>	

**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, Syble Walthall, 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  
 DATE 3/29/12



# 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.**

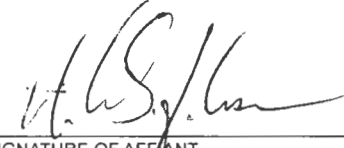
LICENSEE'S NAME <b>The Orchard II</b>	LICENSE NUMBER
POSITION Check the appropriate boxes: <input type="checkbox"/> Manager <input checked="" type="checkbox"/> Supervisor <input checked="" type="checkbox"/> Proceed Coordinator <input type="checkbox"/> Assistant	

AFFIANT'S NAME <b>Mark Jackson</b>		SOCIAL SECURITY NO. <b>565-92-5986</b>
ADDRESS <b>108 N Greenfield Rd</b>		DATE OF BIRTH <b>1   1   3   0   1   9   5   2</b>
CITY <b>Mesa</b>	STATE <b>AZ</b>	ZIP CODE <b>85205</b>
HOME PHONE NO. (with area code)	WORK PHONE NO. (with area code) <b>(480) 832-2027</b>	

**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, Mark Jackson, 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  
 3/29/12  
 DATE

Arizona Department of Revenue  
Attn: Jo Ann Loving  
1600 West Monroe Street  
Suite 520, Bingo Section  
Phoenix, AZ 85007

# STATE OF ARIZONA

Department of Revenue  
Bingo Section



Miguel Teposte  
Interim Assistant Director

March 19, 2012

License # 07-358-A

Steven R. Doyle  
Administrator

The Orchard Mesa  
Activities Department  
108 N. Greenfield Rd.  
Mesa, AZ 85205

RECEIVED

APR 18 2012

CITY OF MESA  
LICENSING OFFICE

1:50 PM  
RB

Dear Bingo Licensee:

A review of your 2011 Annual Financial Report indicates that you have exceeded the allowable gross receipts for a Class A license. A Class A license is restricted to gross sales of \$15,600.00 per year or less.

If you would like to continue operating as a Class A license, you **must** adjust your games so the gross receipts do not exceed **\$15,600.00**.

As a courtesy, the Department does allow licensees to apply for a 2<sup>nd</sup> Class A license. This will allow you to exceed the limitation overall, however each license is restricted to the **\$15,600.00 limit**. Please note that with holding two Class A licenses, you would be able to have gross sales in the amount of **\$31,200.00** and this past year the amount reported was **\$25,179.25**. You will have to monitor the sales within the year to not exceed the combined limits.

I have enclosed an application packet for your convenience. The completed Application, Affidavits, Endorsement by Local Governing Body and the State license fee of \$10.00 (Payable to the Department of Revenue) must be submitted to the City of Mesa, City Clerk's Office, for approval. Their office will then forward the packet to this office for processing. The contact information is as follows:

Mesa City Clerk, Linda Crocker  
20 E. Main St, Suite 150  
Mesa, AZ 85201  
Telephone: 480-644-2099

Please direct questions and responses to my attention at the address above, by fax to (602) 364-0086 or you may call me at the number listed below. You may also e-mail me at [bingo@azdor.gov](mailto:bingo@azdor.gov).

Sincerely,

Jo Ann Loving  
Revenue Auditor  
Bingo Section  
(602) 716-7801

\$5.00 Enclosed

2012 APR 16 PM 2:36  
MESA CITY CLERK