

class A

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.

1 Applicant's Name <i>Parado Canyon Residents Assn, INC.</i>	
2a Mailing Address <i>3300 E BROADWAY Rd. Lot 165</i>	
2b City <i>MESA</i>	State ZIP Code <i>AZ. 85204</i>
3a Administrative Office Location <i>3300 E Broadway Rd Lot 165</i>	
3b City <i>MESA, AZ.</i>	State ZIP Code <i>85204</i>
4a Name of Contact Person <i>LAVON D STEPHAN SR</i>	4b Telephone No. <i>[REDACTED]</i>
4c E-mail Address <i>lstepman672@yahoo.com</i> <i>(vstepman672@yahoo.com)</i>	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:

- 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)

Dorado Canyon Residents Assoc Inc

LVD

**APPLICATION FOR BINGO LICENSE**

**9 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:**

<b>10a Name</b> <del>Bob McCracken</del>	<b>10b Name</b>
<b>Title</b>	<b>Title</b>

**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.**

<b>11a Name</b> Evo Nne Laughton	<b>11b Name</b> LAWREN D SHEPARD SR
<b>Title</b> manager	<b>Title</b> ASSISTANT manager

**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.**

<b>Name</b> LVD Evo Nne Laughton	<b>Title</b> LAWREN D SHEPARD SR MANAGER - Director - President
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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.**

<b>13a Name</b> Vernon Baker	<b>13b Name</b> Mersta Ertio
<b>Title</b> Supervisor	<b>Title</b> 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.**

<b>14a Name</b> Bob McCracken ASS.	<b>14b Name</b> Kendall Quast ASS.
<b>14c Name</b> Judy Smith ASS.	<b>14d Name</b> Tammy Letton ASS.

**15 Street address of the PHYSICAL location where live bingo will be played:**

3300 E Broadway Rd Clubhouse Mesa, AZ 85204

**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.	6:00 <input checked="" type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.

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Applicant's Name (as shown on page 1)

Dorado Canyon Residents Assc, Inc.

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 EVDINE CARUSTON	18b Name
Address – Number and Street, Rural Rt., Apt. No. 3300 E Broadway Rd Lot 220	Address – Number and Street, Rural Rt., Apt. No.
City Mesa, AZ	City State ZIP Code 85204

↳ No other bingo licensees on same premise or within 1,000 ft (2005)

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Applicant's Name (as shown on page 1)

Dorado Canyon Residents Assn, Inc.

**APPLICATION FOR BINGO LICENSE**

**19 Expected bingo expenses:**

a Mortgage: \$ 0 per month

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

b Rent: \$ 0 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 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: \$ 50.00 per  month  hour  occasion

Payable to <u>HAROLD ACE</u>	Address - Number and Street, Rural Rt., Apt. No. <u>1000 W Apache Trl South 107</u>		
Telephone number (with area code) <u>480-605-3710</u>	City <u>Apache Junction</u>	State <u>AZ</u>	ZIP Code <u>85120</u>

e Security Services: \$ 0 per  month  hour  occasion

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

200.00 year DABBERS

f Bingo Supplies: \$ 450.00 per 3 times a year

Payable to <u>Cactus Bingo Supplies Inc</u>	Address - Number and Street, Rural Rt., Apt. No. <u>3210 E ROSE RD Tempe AZ 515</u>		
Telephone number (with area code) <u>800-544-0984</u>	City <u>Tempe Phoenix</u>	State <u>AZ</u>	ZIP Code

**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?**

NO MACHINERY OR TECH.

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Applicant's Name (as shown on page 1)

Dorado Canyon Residents ASC INC.

**APPLICATION FOR BINGO LICENSE**

I, Laverne D Shepard Sr, 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.

Laverne D Shepard Sr  
APPLICANT'S SIGNATURE

5/17/2023  
DATE

President of ASC, INC.  
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