

- 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		Falsification of information contained in this application constitutes a Class 6 felony. REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88
2a Mailing Address		
2b City	State ZIP Code	
3a Administrative Office Location		
3b City	State ZIP Code	
4a Name of Contact Person	4b Telephone No.	81 PM 80 RCVD
4c E-mail Address	4c Fax No.	

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
Eva Beaudette	
Title	Title
Vice President	
Address – Number and Street, Rural Rt., Apt. No.	Address – Number and Street, Rural Rt., Apt. No.
14447 E Rueben Ave	
City State ZIP Code	City State ZIP Code
Mesa AZ 85212	
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

AMENDMENT

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Date 7/17/25 Staff JS

- 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 EAST MESA MOOSE LODGE 2082		
2a Mailing Address 7402 E BASELINE RD		
2b City MESA	State AZ	ZIP Code 85209
3a Administrative Office Location 7402 E BASELINE RD		
3b City MESA	State AZ	ZIP Code 85209
4a Name of Contact Person TONYA DOMINGUEZ	4b Telephone No. (480) 985-0553	
4c E-mail Address JDOMINGUEZ1@ Lodge2082@mooseunits.org	4c Fax No. 7/1/25	

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 EAST MESA MOOSE LODGE			6b Auxiliary Name		
Address – Number and Street, Rural Rt., Apt. No. 7402 E BASELINE RD			Address – Number and Street, Rural Rt., Apt. No.		
City MESA	State AZ	ZIP Code 85209	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 Joseph Dominguez			7b Name Kent Flowers		
Title President			Title Treasurer		
Address – Number and Street, Rural Rt., Apt. No. 9403 E Kiva Ave			Address – Number and Street, Rural Rt., Apt. No. 8523 E Dewberry Ave		
City Mesa	State AZ	ZIP Code 85209	City Mesa	State AZ	ZIP Code 85208
7c Name Tonya Dominguez			7d Name Daniel Beaudette		
Title Trustee			Title Past President		
Address – Number and Street, Rural Rt., Apt. No. 9403 E Kiva Ave			Address – Number and Street, Rural Rt., Apt. No. 11447 E Ruben Ave		
City Mesa	State AZ	ZIP Code 85209	City Mesa	State AZ	ZIP Code 85212

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

Checking Account Number	Bank Name	Bank Branch

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

Account Number	Bank Name	Bank Branch

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 JOSEPH DOMINGUEZ	10b Name KENT FLOWERS
Title PRESIDENT	Title TREASURER

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 TONYA DOMINGUEZ	11b Name KENT FLOWERS
Title TRUSTEE	Title TREASURER

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 KENT FLOWERS	Title TREASURER
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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 TONYA DOMINGUEZ	13b Name DANIEL BEAUDETTE
Title TRUSTEE	Title PAST PRESIDENT

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 DIANE COUNSELLER	14b Name
14c Name	14d Name

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

7402 E BASELINE RD MESA AZ 85209

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. 2:30PM <input checked="" type="checkbox"/> p.m.	<input type="checkbox"/> a.m. 4:30PM <input checked="" type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. 4:30PM <input checked="" type="checkbox"/> p.m.	<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 type="checkbox"/> p.m.

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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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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: \$200.00 per YEAR AS NEI

Payable to	Address – Number and Street, Rural Rt., Apt. No.		
REGAL GAMES LLC	111 W CAMPBELL ST SUITE 401		
Telephone number (with area code)	City	State	ZIP Code
(630) 587-6700	ARLINGTON HEIGHTS	IL	60005

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 Cactus Bingo Supplies

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Applicant's Name (as shown on page 1)

EAST MESA MOOSE LODGE 2082

APPLICATION FOR BINGO LICENSE

I, TONYA DOMINGUEZ, 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.

Tonya Dominguez 5/20/25 TRUSTEE
APPLICANT'S SIGNATURE DATE 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.

<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