

Received  
OCT 28 2024  
CITY OF MESA  
LICENSING DEPT

**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.

* <b>1 Applicant's Name</b> ROBERT WATERMAN DBA SUNSPIRE COMMUNITY		
<b>2a Mailing Address</b> 2600 E. ALLRED AVE D-40		
<b>2b City</b> MESA	<b>State</b> AZ	<b>ZIP Code</b> 85204
<b>3a Administrative Office Location</b> REC CENTER 2600 E. ALLRED AVE		
<b>3b City</b> MESA	<b>State</b> AZ	<b>ZIP Code</b> 85204
<b>4a Name of Contact Person</b> ROBERT WATERMAN	<b>4b Telephone No.</b> [REDACTED]	
<b>4c E-mail Address</b> RWINAZ54@GMAIL.COM	<b>4c Fax No.</b>	

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:

- |                                     |  |   |  |
|-------------------------------------|--|---|--|
| <input type="checkbox"/> Charitable | <input type="checkbox"/> Social                    | <input type="checkbox"/> Religious              | <input type="checkbox"/> Veterans                    |
| <input type="checkbox"/> Fraternal  | <input type="checkbox"/> Volunteer Fire Department | <input type="checkbox"/> Homeowners Association | <input type="checkbox"/> Nonprofit Ambulance Service |

**6 Class B and Class C license applicants only applying as a qualified organization, *provide parent or auxiliary information:***

<b>6a Parent Name</b>	<b>6b Auxiliary Name</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 applying as a qualified organization, *list the current officers or Board of Directors of the organization:***

<b>7a Name</b>	<b>7b Name</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
<b>7c Name</b>	<b>7d Name</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

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

Checking Account Number	Bank Name	Bank Branch
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TS 10/28/24

Robert Waterman DBA:

Applicant's Name (as shown on page 1)  
SUNSPIRE COMMUNITY

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:

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 ROB WATRMAN	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 CONNIE POULIN	Title PROCEED 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 SUSAN TERRIO	13b Name
Title SUPERVISOR	Title

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 DEBORAH ROMERO	14b Name
14c Name	14d Name

15 Street address of the PHYSICAL location where live bingo will be played:  
2600 E. ALLRED AVE

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.	6:30 <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)

Robert Waterman DBA Sunspike Community

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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Applicant's Name (as shown on page 1)

**R** Robert Waterman DBA Sunspire Community

**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: \$ 200.00 per MONTH

Payable to <b>CACTUS BINGO</b>	Address – Number and Street, Rural Rt., Apt. No. <b>3210 E. ROESER RD</b>		
Telephone number (with area code) <b>(602) 268-2848</b>	City <b>PHOENIX</b>	State <b>AZ</b>	ZIP Code <b>85040</b>

**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?"

**CACTUS BINGO / I DO NOT FORSEE PRUCHASING ANY OTHER EQUIPMENT**

Continued on page 5 →

Applicant's Name (as shown on page 1)



Robert Waterman DBA Sunspire Community

APPLICATION FOR BINGO LICENSE

I, ROBERT WATERMAN, 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.

APPLICANT'S SIGNATURE

10/25/24  
DATE

Manager  
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