



UCA19-02302  
1/13/20 Meeting LI #3

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 bingo games, you must renew your license prior to the expiration date.

**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

1 Applicant's Name Sunrise Village Bingo #3	
2a Mailing Address 5402 E McKellips Rd	
2b City Mesa	State ZIP Code AZ 85215
3a Administrative Office Location 5402 E McKellips Rd	
3b City Mesa	State ZIP Code AZ 85215
4a Name of Contact Person Kerin MacWilliams	4b Telephone No. 480-380-8845
4c E-mail Address Kmacwilliams@thesman.com	4c Fax No. 480-380-8879

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

N/A

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, provide the date the organization was established in Arizona: MM/DD/YYYY

8 Class B and Class C license applicants only applying as a qualified organization, list the current officers of the organization:

8a Name	8b 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
8c Name	8d 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

N/A

Continued on page 2 →

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

Applicant's Name (as shown on page 1)  
Sunrise Village Bingo #3

APPLICATION FOR BINGO LICENSE

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

Checking Account Number	Bank Name	Bank Branch
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N/A

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

Account Number	Bank Name	Bank Branch
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N/A

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:

11a Name	11b 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

N/A

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.

12a Name Karen Tenboer	12b Name
Title manager	Title
Address - Number and Street, Rural Rt., Apt. No. 5402 E. McKellips Rd. # 219	Address - Number and Street, Rural Rt., Apt. No.
City State ZIP Code Mesa AZ 85215	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 Kerin MacWilliams	Address - Number and Street, Rural Rt., Apt. No. 2550 S. Ellsworth Rd #437
Title Proceeds Coordinator	City State ZIP Code Mesa AZ 85209

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.

14a Name Gerri Heinrich	14b Name Mike Roof
Title Supervisor	Title Supervisor
Address - Number and Street, Rural Rt., Apt. No. 5402 E McKellips Rd #116	Address - Number and Street, Rural Rt., Apt. No. 5402 E McKellips Rd #279
City State ZIP Code Mesa AZ 85215	City State ZIP Code Mesa AZ 85215
14c Name	14d 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

Applicant's Name (as shown on page 1)

Sunrise Village Bingo #3

APPLICATION FOR BINGO LICENSE

- 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.

15a Name Ronda Aschemann	15b Name Linda Yee Hoy
15c Name Paula Rozocki	15d Name
15e Name Jean Vernon	15f Name
15g Name Linda Balderacchi	15h Name

- 16 Street address of the physical location where bingo will be played: 5402 E McKellips Rd

- 17 Indicate the time on each respective day that 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.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	6:30 <input checked="" type="checkbox"/> p.m.	<input type="checkbox"/> p.m.

- 18 List dates of proposed game cancellation if any:

- 19 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

Continued on page 4 →

Applicant's Name (as shown on page 1)

Sunrise Village Bingo #3

APPLICATION FOR BINGO LICENSE

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:

20a Name Sunrise Village Bingo	20b Name Sunrise Village Bingo #2
Address - Number and Street, Rural Rt., Apt. No. 5402 E McKellips Rd	Address - Number and Street, Rural Rt., Apt. No. 5402 E. McKellips Rd
City Mesa	City Mesa
State AZ	State AZ
ZIP Code 85215	ZIP Code 85215

21 Expected bingo expenses:

a Mortgage: \$ \_\_\_\_\_ per month

N/A

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

N/A

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

N/A

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

N/A

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

N/A

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

f Bingo Supplies: \$ 2400 per year

Payable to Cactus Bingo Supplies	Address - Number and Street, Rural Rt., Apt. No. 3210 E. Roeser Rd
Telephone number (with area code) (602) 268-2848	City Phoenix
	State AZ
	ZIP Code 85040

Line 21 continues on page 5 →

Applicant's Name (as shown on page 1)

Sunrise Village Bingo #3

APPLICATION FOR BINGO LICENSE

21 Expected Bingo Expenses, continued...

g Maximum prize payout per occasion: \$ 2300. 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 Utility Expenses:

N/A

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:

Benefit residents to support activities

I, Kenna Madwilliams 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

11/11/19

DATE

TITLE

Proceeds Coordinator

Please mail to: Arizona Department of Revenue, PO Box 29019, Phoenix, AZ 85038-9019

(602) 716-7801