

Received

AUG 19 2025

CITY OF MESA
LICENSING OFFICE

- 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 STEVEN EDWARD CLARK | | |
| 2a Mailing Address 3403 E MAIN ST #191 | | |
| 2b City MESA | State AZ | ZIP Code 85213 |
| 3a Administrative Office Location 385 CLINTON ST | | |
| 3b City COSTA MESA | State CA | ZIP Code 92626 |
| 4a Name of Contact Person STEVEN EDWARD CLARK | 4b Telephone No. [REDACTED] | |
| 4c E-mail Address [REDACTED] | 4c Fax No. [REDACTED] | |

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:***

| | |
|--|--|
| 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 |
|-------------------------|-----------|-------------|

Continued on page 2 →

Applicant's Name (as shown on page 1)

STEVEN EDWARD CLARK

APPLICATION FOR BINGO LICENSE

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 | 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 STEVEN EDWARD CLARK | 11b Name MELISSA CLARK |
| Title RESORT MANAGER | Title RESORT 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.*

| | |
|-----------------------------|-------------------------|
| Name STEVEN EDWARD CLARK | Title RESORT MANAGER |
|-----------------------------|-------------------------|

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 STEVEN EDWARD CLARK | 13b Name MELISSA CLARK |
| Title RESORT MANAGER | Title RESORT MANAGER |

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 JODI BEE | 14b Name |
| 14c Name | 14d Name |

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

3403 E MAIN ST MESA, AZ 85213

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. | <input type="checkbox"/> p.m. | <input type="checkbox"/> p.m. | <input type="checkbox"/> p.m. | 4:30-9 <input checked="" type="checkbox"/> p.m. | <input type="checkbox"/> p.m. |

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Applicant's Name (as shown on page 1)

STEVEN EDWARD CLARK

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 | | |
| Dawn Holland | | | |
| Address – Number and Street, Rural Rt., Apt. No. | | Address – Number and Street, Rural Rt., Apt. No. | |
| 3403 E MAIN ST #191 | | | |
| City | State | ZIP Code | City |
| MESA | AZ | 85213 | |

NOTE: Dawn's Bingo License
will be closed upon the
issuance of mine.

SC 09/17/2025

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* AMENDMENT

Date 9/17/25 Staff JS

Applicant's Name (as shown on page 1)

STEVEN EDWARD CLARK

APPLICATION FOR BINGO LICENSE

19 Expected bingo expenses:

- a Mortgage:** \$ 0.00 per month

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

- b Rent:** \$ 0.00 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:** \$ 0.00 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:** \$ 0.00 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:** \$ 0.00 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:** \$ 2,500.00 per YEAR

| | | | |
|-----------------------------------|--|-------|----------|
| Payable to | Address – Number and Street, Rural Rt., Apt. No. | | |
| CACTUS BINGO SUPPLY, INC | 3210 E ROESER RD #15 | | |
| Telephone number (with area code) | City | State | ZIP Code |
| (602) 268-2848 | PHOENIX | AZ | 85040 |

- 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 Syppy will be our supplier. No purchasing/renting machines at this time.

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Applicant's Name (as shown on page 1)

STEVEN EDWARD CLARK

APPLICATION FOR BINGO LICENSE

I, Steven Edward Clark, 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

07/22/2025
DATE

Resort 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.

☐ Approved

☐ Disapproved

☐ Class A License

☐ Class B License

☐ Class C License

Reviewer's Name (please print)

Date

License Number

Effective Date

Expiration Date