

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.

1 Applicant's Name McGavin Ranch, Activities	
2a Mailing Address 8840 E. Sunland ave	
2b City Mesa	State ZIP Code AZ 85208
3a Administrative Office Location Same	
3b City Same	State ZIP Code
4a Name of Contact Person Earleen Winters	4b Telephone No. 480-986-6618
4c E-mail Address mcgavinmanager@hotmail.com	4c Fax No. 480-986-4160

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:

- N/A
- | | | | |
|-------------------------------------|--|---|--|
| <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

N/A 7 Class B and Class C license applicants only applying as a qualified organization, provide the date the organization was established in Arizona: _____

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

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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)

McGavin Ranch Activities

APPLICATION FOR BINGO LICENSE

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

N/A

Checking Account Number	Bank Name	Bank Branch
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10 Class B and Class C license applicants only: Bingo interest-bearing account information:

N/A

Account Number	Bank Name	Bank Branch
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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:

N/A

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

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.

N/A

12a Name	12b 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

Earleen Winters
Manager
8840 E. Sunland Ave.
Mesa AZ 85208

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	Address - Number and Street, Rural Rt., Apt. No.
Title	City State ZIP Code

Gary Elliott
Proceed Coordinator
8840 E. Sunland Ave.
Mesa AZ 85208

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	14b 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
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

Mike Huff
Supervisor
8840 E. Sunland Ave.
Mesa AZ 85208

Applicant's Name (as shown on page 1)

McGavin Ranch Activities

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	15b Name
15c Name	15d Name
15e Name	15f Name
15g Name	15h Name

N/A

- 16 Street address of the physical location where bingo will be played:

Clubhouse-8840 E. Sunland Ave, MESA, AZ 85208

- 17 Indicate the time on each respective day that bingo will be played:

1st & 3rd

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.	<input checked="" type="checkbox"/> p.m.	<input type="checkbox"/> p.m.

- 18 List dates of proposed game cancellation if any:

NONE

- 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

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Applicant's Name (as shown on page 1)

McGarvin Ranch Activities

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	20b 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

- 21 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: \$ 0 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 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: \$ 0 per

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

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Applicant's Name (as shown on page 1)

Mcgarin Ranch activities

APPLICATION FOR BINGO LICENSE

21 Expected Bingo Expenses, continued...

- g Maximum prize payout per occasion: \$
- 0
- 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:
- 0

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:

No Net Proceeds - We Pay OUT 100% OF what we take in.

I, Earleen Winters, 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.

Earleen Winters 1/4/18 Manager
 APPLICANT'S SIGNATURE DATE TITLE

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

☎ (602) 716-7801