



This Application for Bingo License Packet includes:

- Arizona Form 833 — Application for Bingo License
- Arizona Form 830 — Affidavit
- Arizona Form 832 — Endorsement by Local Governing Body

It is advisable that you obtain and review a copy of the Arizona Revised Statutes on "Games of Bingo" and the Administrative Rules prior to initiating an application. These documents outline qualifications and requirements for obtaining a bingo license and may be obtained from:

- www.azleg.gov/ and
- www.azsos.gov/public_services/table_of_contents.htm

All forms must be complete and legible. *Please type or print using black ink only.* Forms are available in a fillable pdf format at Arizona Department of Revenue (ADOR) web site www.azdor.gov. Be sure to include on your application a telephone number where you (or another party responsible for the games) can be reached during the day.

The bingo license package for **new** license and appropriate fees must be sent to and approved by the local governing body (the city council for incorporated cities or the county board of supervisors for unincorporated areas) prior to submission to the ADOR Bingo Section. Upon their approval or disapproval, the local governing body will forward the license package to the ADOR Bingo Section.

Endorsement By Local Governing Body Form

Complete lines 2, 3, and 4 of *Arizona Form 832, Endorsement by Local Governing Body* and submit to your local governing body with the bingo license package. **A bingo license cannot be issued until this form is received by the ADOR Bingo Section.**

As part of the review of your application for a bingo license, the ADOR Bingo Section will conduct an analysis of any purchase agreement for either equipment and/or real property to determine that such agreement is bona fide. This analysis is conducted pursuant to A.R.S. 5-406.F. The Bingo Section does not "approve" these agreements as to content or other legal ramifications. You are strongly advised to consult with independent legal counsel to determine your rights and obligations under these agreements.

If you need additional forms or have any questions, please call the ADOR Bingo Section in Phoenix at (602) 716-7801.

CHECKLIST:

Send copies of all documents listed below unless otherwise noted. Before mailing, check to make sure that you have included the following:

- Original** completed Application for Bingo License (Arizona Form 833).
- Original** completed affidavits (Arizona Form 830). Class B and Class C applicants must include a completed affidavit for each person participating in the conduct of your games. Class A applicants must include a complete affidavit for each person participating as a manager, proceeds coordinator and supervisors.
- Rental agreement if more than one licensee is using the same rented premises in which to hold bingo.
- Application for Special Bonus Game (Arizona Form 831) available at www.azdor.gov. If you do not conduct special bonus games do not complete the application.
- License fee payable to the Arizona Department of Revenue:

License Type	Fee
Class A	\$10.00
Class B	\$50.00
Class C	\$200.00

- The local governing body fee will be payable to the appropriate local governing entity:

License Type	Fee
Class A	\$5.00
Class B	\$25.00
Class C	\$50.00

- If applying as a **qualified organization**, a current membership list must be submitted and must indicate initial membership dates for all members of the applicant organization. Any person from any branch of the applicant who will be participating in the operation of bingo games must be included on the membership list.
- If applying as a **qualified organization**, the following must be submitted: charter documents, articles of incorporation, corporate bylaws, articles of association, minutes of the establishment meeting, and minutes of meetings for two years (two months of each year) immediately prior to the date of application for the applicant, parent and auxiliary.
- Purchase agreement for real property (where applicable).
- Purchase agreement/bill of sale for bingo equipment and supplies.
- Original** local governing body endorsement.

- 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 PCLGA 18 Member Guest		
2a Mailing Address 16222 Clubhouse Dr.		
2b City Goodyear	State AZ	ZIP Code 85395
3a Administrative Office Location 2829 N 162nd Ln		
3b City Goodyear	State AZ	ZIP Code 85395
4a Name of Contact Person Kittie Day	4b Telephone No. (623) 594-4861	
4c E-mail Address kittieday@kittieday.com	4c Fax No. (623) 594-4861	

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 N/A			6b Auxiliary Name N/A		
Address – Number and Street, Rural Rt., Apt. No. N/A			Address – Number and Street, Rural Rt., Apt. No. N/A		
City N/A	State N/A	ZIP Code N/A	City N/A	State N/A	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 N/A			8b Name N/A		
Title N/A			Title N/A		
Address – Number and Street, Rural Rt., Apt. No. N/A			Address – Number and Street, Rural Rt., Apt. No. N/A		
City N/A	State N/A	ZIP Code N/A	City N/A	State N/A	ZIP Code N/A
8c Name N/A			8d Name N/A		
Title N/A			Title N/A		
Address – Number and Street, Rural Rt., Apt. No. N/A			Address – Number and Street, Rural Rt., Apt. No. N/A		
City N/A	State N/A	ZIP Code N/A	City N/A	State N/A	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)
 PCLGA 18 Member Guest

APPLICATION FOR BINGO LICENSE

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

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

Account Number N/A	Bank Name N/A	Bank Branch N/A
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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:

11a Name N/A	11b Name N/A
Title N/A	Title N/A
Address – Number and Street, Rural Rt., Apt. No. N/A	Address – Number and Street, Rural Rt., Apt. No. N/A
City State ZIP Code N/A N/A N/A	City State ZIP Code N/A N/A 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 Kittie Day	12b Name N/A
Title Chairwoman	Title N/A
Address – Number and Street, Rural Rt., Apt. No. 2829 N 162nd Ln	Address – Number and Street, Rural Rt., Apt. No. N/A
City State ZIP Code Goodyear AZ 85395	City State ZIP Code N/A N/A N/A

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 Kittie Day	Address – Number and Street, Rural Rt., Apt. No. 2829 N 162nd Ln
Title Chairwoman	City State ZIP Code Goodyear AZ 8r5395

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 Kittie Day	14b Name N/A
Title Chairwoman	Title N/A
Address – Number and Street, Rural Rt., Apt. No. 2829 N 162nd Ln	Address – Number and Street, Rural Rt., Apt. No. N/A
City State ZIP Code Goodyear AZ 85395	City State ZIP Code N/A N/A N/A
14c Name N/A	14d Name N/A
Title N/A	Title N/A
Address – Number and Street, Rural Rt., Apt. No. N/A	Address – Number and Street, Rural Rt., Apt. No. N/A
City State ZIP Code N/A N/A N/A	City State ZIP Code N/A N/A N/A

Applicant's Name (as shown on page 1)
PCLGA 18 Member Guest

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 Melissa Kallett	15b Name N/A
15c Name N/A	15d Name N/A
15e Name N/A	15f Name N/A
15g Name N/A	15h Name N/A

16 Street address of the physical location where bingo will be played:
16222 Clubhouse Dr., Goodyear, AZ 85395

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.	5 to 8 <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.	<input type="checkbox"/> p.m.

18 List dates of proposed game cancellation if any:
N/A

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 N/A	Address – Number and Street, Rural Rt., Apt. No. N/A		
Telephone Number (with area code) N/A	City N/A	State N/A	ZIP Code N/A

- c Owned solely by the organization. Attach copy of mortgage, deed of trust, purchase agreement, escrow agreement, or other related document:

Holder of Mortgage N/A	Address – Number and Street, Rural Rt., Apt. No. N/A		
Telephone Number (with area code) N/A	City N/A	State N/A	ZIP Code N/A

- 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 N/A	Address – Number and Street, Rural Rt., Apt. No. N/A		
Telephone Number (with area code) N/A	City N/A	State N/A	ZIP Code N/A
2) Co-Owner Holder: N/A	Address – Number and Street, Rural Rt., Apt. No. N/A		
Telephone Number (with area code) N/A	City N/A	State N/A	ZIP Code N/A
3) Co-Owner Holder: N/A	Address – Number and Street, Rural Rt., Apt. No. N/A		
Telephone Number (with area code) N/A	City N/A	State N/A	ZIP Code N/A

Continued on page 4 →

Applicant's Name (as shown on page 1)
 PCLGA 18 Member Guest

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
N/A	N/A
Address – Number and Street, Rural Rt., Apt. No.	Address – Number and Street, Rural Rt., Apt. No.
N/A	N/A
City State ZIP Code	City State ZIP Code
N/A N/A N/A	N/A N/A N/A

21 Expected bingo expenses:

a Mortgage: \$0.00 per month

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

b Rent: \$0.00 per month hour occasion

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

c Janitorial Services: \$0.00 per month hour occasion

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

d Accounting Services: \$0.00 per month hour occasion

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

e Security Services: \$0.00 per month hour occasion

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

f Bingo Supplies: \$0.00 per _____

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

Line 21 continues on page 5 →

**Arizona Form
830**

Affidavit

Bingo


This affidavit must be completed by each person who wishes to assist in the conduct of any game of bingo. If any information is blank or incorrect, the affidavit will be returned to you. All information is subject to verification. Disclosure of your Social Security Number (SSN) is voluntary. This information may be used to establish positive identification for purposes of criminal background checks pursuant to Arizona Revised Statutes § 5-404.

Licensee's Name PCLGA 18 Member Guest		License Number N/A	
Position (check the appropriate boxes): <input checked="" type="checkbox"/> Manager <input type="checkbox"/> Supervisor <input type="checkbox"/> Proceed Coordinator <input type="checkbox"/> Assistant		REVENUE USE ONLY. DO NOT MARK IN THIS AREA. <div style="border: 1px solid black; padding: 5px; width: 40px; margin: 5px auto;">88</div> <div style="display: flex; justify-content: space-between; margin-top: 100px;"> <div style="border: 1px solid black; padding: 2px 5px;">81</div> PM <div style="border: 1px solid black; padding: 2px 5px;">80</div> RCVD </div>	
Affiant's Name Kittie Day			
Social Security Number [REDACTED]	Date of Birth [REDACTED]		
Address [REDACTED]			
City Goodyear	State AZ		
Home Phone No. (with area code) (623) 594-4861	Work Phone No. (with area code) (623) 594-4861		

If licensee is a qualified organization, complete the following section:

Member? <input type="checkbox"/> Yes <input type="checkbox"/> No N/A	Date Joined Organization N/A
Officers? <input type="checkbox"/> Yes <input type="checkbox"/> No N/A	Officer Title N/A
Do you have an affidavit on file for any other licensee? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", list license number(s): N/A	

I, Kittie Day AFFIANT'S NAME, the above-named affiant, under penalty of perjury, upon oath, depose and say that I will conduct or assist in conducting all bingo games in compliance with the terms of the license, Arizona Revised Statutes, Title 5, Chapter 4, and the rules of the licensing authority. I am of good moral character and have never been convicted of any misdemeanor involving moral turpitude or felony. I have not and shall not receive any reward, compensation or recompense for my participation in the conduct of bingo games except as provided for by law. I hereby swear or confirm that I have read and understand the foregoing and verify that the information and statements made herein are true and correct to the best of my knowledge.


 Signature of Affiant

11/08/18
 Date

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

☎ (602) 716-7801

**Arizona Form
830**
Affidavit
Bingo

This affidavit must be completed by each person who wishes to assist in the conduct of any game of bingo. If any information is blank or incorrect, the affidavit will be returned to you. All information is subject to verification. Disclosure of your Social Security Number (SSN) is voluntary. This information may be used to establish positive identification for purposes of criminal background checks pursuant to Arizona Revised Statutes § 5-404.

Licensee's Name PCLGA 18 Member Guest		License Number N/A	
Position (check the appropriate boxes): <input type="checkbox"/> Manager <input type="checkbox"/> Supervisor <input type="checkbox"/> Proceed Coordinator <input checked="" type="checkbox"/> Assistant		REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88	
Affiant's Name Melissa Kallett			
Social Security Number NIA	Date of Birth [REDACTED]		
Address [REDACTED]			
City Goodyear	State AZ		
Home Phone No. (with area code) (623) 882-6170	Work Phone No. (with area code) NIA		81 PM
			80 RCVD

If licensee is a qualified organization, complete the following section:

Member? <input type="checkbox"/> Yes <input type="checkbox"/> No NIA	Date Joined Organization NIA
Officers? <input type="checkbox"/> Yes <input type="checkbox"/> No NIA	Officer Title NIA
Do you have an affidavit on file for any other licensee? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", list license number(s): NIA	

I, Melissa Kallett AFFIANT'S NAME, the above-named affiant, under penalty of perjury, upon oath, depose and say that I will conduct or assist in conducting all bingo games in compliance with the terms of the license, Arizona Revised Statutes, Title 5, Chapter 4, and the rules of the licensing authority. I am of good moral character and have never been convicted of any misdemeanor involving moral turpitude or felony. I have not and shall not receive any reward, compensation or recompense for my participation in the conduct of bingo games except as provided for by law. I hereby swear or confirm that I have read and understand the foregoing and verify that the information and statements made herein are true and correct to the best of my knowledge.

Melissa Kallett
Signature of Affiant

11/08/18
Date

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

☎ (602) 716-7801

FOR OFFICIAL USE ONLY PURSUANT TO A.R.S. § 5-404.A

- **License Applicants:** Complete lines 2, 3, and 4. Submit with entire license package to local governing body.
- **Local Governing Body:** Complete and return with license package to the Department of Revenue Bingo Section.

<input type="checkbox"/> New Application		<input type="checkbox"/> Change of Location		Date	License Number
From (Name of local governing body)					N/A
Address (number and street, PO Box)					
City		State	ZIP Code		
Phone No. (with area code)					
REVENUE USE ONLY. DO NOT MARK IN THIS AREA.					
				88	
				81	PM
				80	RCVD

1 This is to certify that on _____ a hearing was conducted pursuant to Arizona Revised Statute, Title 5, Chapter 4, in the matter of:

Application for a bingo license by the following applicant.

Application for a bingo license location transfer.

2 Applicant's Name
PCLGA 18 Member Guest

3 Location/Address where games will be conducted: 16222 Clubhouse Dr.

City	State	ZIP Code
Goodyear	AZ	85395

4 Fill in the time on the days games 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.	5 to 8 <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.	<input type="checkbox"/> p.m.

5 Background investigations:

have have not been conducted on all individuals listed in the Bingo License Application.

6 Recommendation for the application: Approved Disapproved

7 Specific reasons for disapproval are hereby listed pursuant to A.R.S. § 5-404.1:

This endorsement must be signed by a delegated authority of the local governing body.

PRINTED NAME _____

SIGNATURE _____ DATE _____ TITLE _____

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