



Pima County Clerk of the Board

Julie Castañeda

Melissa Manriquez
Deputy Clerk

Administration Division
130 W. Congress, 5th Floor
Tucson, AZ 85701
Phone: (520)724-8449 • Fax: (520) 222-0448

Management of Information & Records Division
1640 East Benson Highway
Tucson, Arizona 85714
Phone: (520) 351-8454 • Fax: (520) 791-6666

December 5, 2018

Joni Lynn Chandler
2513 E. Richards Place
Tucson, AZ 85716

RE: Bingo License Application for Joni Lynn Chandler
Class A, County No.: 18-03-8036

Dear Sir/Madam:

Notice is hereby given that the Pima County Board of Supervisors will hold a hearing in reference to the above captioned bingo license application. This hearing has been scheduled for Tuesday, December 18, 2018, at 9:00 a.m. or thereafter, located at the following location:

Pima County Administration Building
Board of Supervisors Hearing Room
130 W. Congress, 1st Floor
Tucson, AZ 85701

If you have any questions pertaining to this matter, please contact this office at 724-8449.

Sincerely,

A handwritten signature in black ink, appearing to read "Castañeda", with a stylized flourish at the end.

Julie Castañeda
Clerk of the Board

18-03-8036

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 Joni Lynn Chandler	
2a Mailing Address 2513 East Richards Place	
2b City Tucson	State ZIP Code AZ 85716
3a Administrative Office Location 1900 North La Canada Drive	
3b City Tucson	State ZIP Code AZ 85704
4a Name of Contact Person Tim Nelson	4b Telephone No. (520) 229-3350
4c E-mail Address timnelson@bmggestateliving.net	4d Fax No. 329-229-3348

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:

- ☐ Charitable ☐ Social ☐ Religious ☐ Veterans
☐ Fraternal ☐ Volunteer Fire Department ☐ Homeowners Association ☐ 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, provide the date the organization was established in Arizona: 8/10/2012

- 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.

- ☐ Approved ☐ Disapproved ☐ Class A License ☐ Class B License ☐ Class C License

Reviewer's Name (please print)

Date

License Number

Effective Date

Expiration Date

Applicant's Name (as shown on page 1) Joni Lynn Chandler	APPLICATION FOR BINGO LICENSE
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9 Class B and Class C license applicants only: Bingo checking account information:

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:

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:

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.

12a Name Joni Lynn Chandler	12b Name
Title Activities Director	Title
Address – Number and Street, Rural Rt., Apt. No. 2513 East Richards	Address – Number and Street, Rural Rt., Apt. No.
City State ZIP Code Tucson AZ 85716	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 Joni Lynn Chandler	Address – Number and Street, Rural Rt., Apt. No. 2513 East Richards
Title Activities Director	City State ZIP Code Tucson AZ 85716

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 Joni Lynn Chandler	14b Name
Title Activities Director	Title
Address – Number and Street, Rural Rt., Apt. No. 2513 East Richards Place	Address – Number and Street, Rural Rt., Apt. No.
City State ZIP Code Tucson AZ 85716	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

Applicant's Name (as shown on page 1)

Joni Lynn Chandler

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 Edward Castillo	15b Name
15c Name Bernetta Lynn Tannei	15d Name
15e Name	15f Name
15g Name	15h Name

- 16 Street address of the physical location where bingo will be played: 7900 North La Canada Drive
Tucson, AZ 85704

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

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.	5:30 <input checked="" 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:

- 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)

Joni Lynn Chandler

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

Line 21 continues on page 5 →

Applicant's Name (as shown on page 1)

Joni Lynn Chandler

APPLICATION FOR BINGO LICENSE

21 Expected Bingo Expenses, continued...

- g Maximum prize payout per occasion: \$ 30 *depends on number of people in attendance*. 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:

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:

\$10.00 charge to everyone - includes buffet dinner. Proceeds go to games and jackpot and one coverall. No profit made from any proceeds - strictly social and fun opportunity to meet people

I, Joni Lynn Chandler, 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

DATE

TITLE

[Signature] 11-29-18 Activities Director

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

(602) 716-7801