



Pima County Clerk of the Board

Robin Brigode

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October 25, 2016

Disabled American Veterans Chapter 28
5771 S. Country Club Road
Tucson, AZ 85706

RE: Bingo License Application of Disabled American Veterans Chapter 28
Class A, County No.: 16-02-8033

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, November 22, 2016, 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 yours,

A handwritten signature in cursive script that reads "Robin Brigode".

Robin Brigode
Clerk of the Board

cc: Sheriff's Dept., Intelligence Unit

16-02-8033



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:

- 1 Original completed Application for Bingo License (Arizona Form 833).
- 2 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.
- 3 Rental agreement if more than one licensee is using the same rented premises in which to hold bingo.
- 4 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.

- 5 License fee payable to the Arizona Department of Revenue:

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

- 6 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

- 7 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.
- 8 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.
- 9 Purchase agreement for real property (where applicable).
- 10 Purchase agreement/bill of sale for bingo equipment and supplies.
- 11 Original local governing body endorsement.

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- 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 Disabled American Veterans Chapter 28		
2a Mailing Address 5771 S. Country Club Rd		
2b City Tucson	State AZ	ZIP Code 85706
3a Administrative Office Location 5771 S. Country Club Rd		
3b City Tucson	State AZ	ZIP Code 85706
4a Name of Contact Person Phil Adam	4b Telephone No. [REDACTED]	
4c E-mail Address	4c Fax No. (520) 573-3310	

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, *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

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)

Disabled American Veterans Chapter 28

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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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	12b Name
Phil Adam	Bryan Cassels
Title	Title
Commander	Adjutant/Finance Officer
Address – Number and Street, Rural Rt., Apt. No.	Address – Number and Street, Rural Rt., Apt. No.
1441 S Perlman Ave	11030 S Nogales Hwy Unit 9
City State ZIP Code	City State ZIP Code
Tucson AZ 85710	Tucson AZ 85756

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.
Bryan Cassels	11030 S Nogales Hwy Unit 9
Title	City State ZIP Code
Adjutant/Finance Officer	Tucson AZ 85756

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
Phil Adam	Bryan Cassels
Title	Title
Commander	Adjutant/Finance Officer
Address – Number and Street, Rural Rt., Apt. No.	Address – Number and Street, Rural Rt., Apt. No.
1441 S Perlman Ave	11030 S Nogales Hwy Unit 9
City State ZIP Code	City State ZIP Code
Tucson AZ 85710	Tucson AZ 85756
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)

Disabled American Veterans Chapter 28

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 Sandra L. Phillips	15b Name Alene Randklev
15c Name Michael Boone	15d Name
15e Name	15f Name
15g Name	15h Name

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

5771 S Country Club Rd. Tucson, AZ 85706

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.	<input type="checkbox"/> p.m.	1:00 <input checked="" type="checkbox"/> p.m.

18 List dates of proposed game cancellation if any:

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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 N/A	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 →

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 N/A	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: \$ _____ per month

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

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

c Janitorial Services: \$ 546.00 per month hour occasion

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

d Accounting Services: \$ 300.00 per month hour occasion

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

e Security Services: \$ _____ 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: \$ _____ 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)
Disabled American Veterans Chapter 28

APPLICATION FOR BINGO LICENSE

21 Expected Bingo Expenses, continued...

g Maximum prize payout per occasion: \$1,000.00. 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:

Offset accounting fees and janitorial fees

I, Phil Adam, 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.

Phil Adam 2/10/2016 COMMANDER
APPLICANT'S SIGNATURE DATE TITLE

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

(602) 716-7801