



Pima County Clerk of the Board

Julie Castañeda

Melissa Manriquez
Deputy Clerk

Administration Division
130 W. Congress, 1st 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

July 26, 2021

Elaine Fansler
Trails West Resident Association
8401 S. Kolb Road
Tucson, AZ 85756

RE: Bingo License Application of Trails West Resident Association
Class A, County No.: 21-04-8040

Dear Ms. Fansler:

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, August 10, 2021, at 9:00 a.m. or thereafter, and will be held virtually.

You may attend this hearing virtually by calling this office to request remote access.

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", is written over a horizontal line.

Julie Castañeda
Clerk of the Board

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 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 TRAILS WEST Resident Assoc.		
2a Mailing Address 8401 S. Kolb Rd		
2b City TUCSON	State AZ	ZIP Code 85756
3a Administrative Office Location 8401 S. Kolb Rd		
3b City TUCSON	State AZ	ZIP Code 85756
4a Name of Contact Person ELAINE Fansler	4b Telephone No. [REDACTED]	
4c E-mail Address [REDACTED]	4d 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
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Applicant's Name (as shown on page 1)

TRAILS WEST RESIDENT ASSOCIATION

APPLICATION FOR BINGO LICENSE

9 Class B and Class C license applicants only: Bingo interest-bearing account information:

Account Number	Bank Name	Bank Branch
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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 <u>ELAINE FANSLER</u>	11b Name
Title <u>MANAGER</u>	Title

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 <u>KIM HOLT</u>	Title <u>PROCEEDS COORDINATOR</u>
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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 <u>Faith Greenleaf</u>	13b Name
Title <u>SUPERVISOR</u>	Title

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 <u>NORMA LAHR</u>	14b Name
14c Name	14d Name

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

8401 S. IOLIB RD, TUCSON, AZ, 85756

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 checked="" type="checkbox"/> 6:30 p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.

CHARLIE RITTER
CAROLE ROBHE
JACKIE BENNER
KAREN DAHLGREN
KATHLEEN KEAYS

SHARON MARTIN
BARBARA KINCID

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ADDITIONAL ASSISTANTS

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
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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TRAILS WEST RESIDENT ASSOC

19 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: \$_____ 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: \$_____ 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: \$_____ 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

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?"

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Applicant's Name (as shown on page 1)

TRAILS WEST RESIDENT ASSOC

APPLICATION FOR BINGO LICENSE

I, Paul Fites, 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.

Paul Fites
APPLICANT'S SIGNATURE

6/5/2021
DATE

PRESIDENT
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