



Katrina Martinez
Deputy Clerk

Pima County Clerk of the Board

Melissa Manriquez

Administration Division
33 N. Stone Avenue, Suite 100
Tucson, AZ 85701
Phone: (520) 724-8449 • Fax: (520) 222-

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

September 6, 2023

Joseph C. Melhorn
American Legion Madera Post 131
249 W. Esperanza Boulevard
Green Valley, AZ 85614

RE: Bingo License Application of American Legion Madera Post 131
Class B - Medium Game, County No.: 23-02-8044

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, September 19, 2023, 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 "Melissa Manriquez", is written over a horizontal line.

Melissa Manriquez
Clerk of the Board

23-02-8044

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 American Legion Madera Post 131		
2a Mailing Address 249 W. Esperanza Blvd.		
2b City Green Valley	State AZ	ZIP Code 85614
3a Administrative Office Location 249 W. Esperanza Blvd.		
3b City Green Valley	State AZ	ZIP Code 85614
4a Name of Contact Person Joseph C Melhorn	4b Telephone No. (520) 398-6245	
4c E-mail Address maderapost131@gmail.com	4c Fax No.	

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 American Legion Madera Post 131			6b Auxiliary Name		
Address – Number and Street, Rural Rt., Apt. No. 249 W. Esperanza Blvd.			Address – Number and Street, Rural Rt., Apt. No.		
City Green Valley	State AZ	ZIP Code 85614	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 Bruce F Graves			7b Name Joseph C Melhorn		
Title SAL Finance Officer			Title Post 131 Commander		
Address – Number and Street, Rural Rt., Apt. No. 238 N Bent Ridge Drive			Address – Number and Street, Rural Rt., Apt. No. 18101 S Placita Del Silbido		
City Green Valley	State AZ	ZIP Code 85614	City Sahuatritra	State AZ	ZIP Code 85629
7c Name Daniel R Cady			7d Name William M Bracco		
Title Post 131 Post 131 Past Commander			Title 1st Vice Commander		
Address – Number and Street, Rural Rt., Apt. No. 2070 S San Ray			Address – Number and Street, Rural Rt., Apt. No. 2423 N Avenida Tabica		
City Green Valley	State AZ	ZIP Code 85614	City Green Valley	State AZ	ZIP Code 85614

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

Checking Account Number [REDACTED]	Bank Name Commerce Bank of Arizona	Bank Branch Green Valley Branch
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Applicant's Name (as shown on page 1) American Legion Madera Post 131	APPLICATION FOR BINGO LICENSE
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9 Class B and Class C license applicants only: Bingo interest-bearing account information:

Account Number [REDACTED]	Bank Name Commerce Bank of Arizona	Bank Branch Green Valley 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 Joseph C Melhorn	10b Name Bruce F Graves
Title Post Commander	Title SAL Finance Officer

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 Bruce F Graves	11b Name Joseph C Melhorn
Title Finance Officer, SAL	Title Commander, Post 131

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 Carol Stonecipher	Title Post Comptroller
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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 Mark R Lamberton	13b Name
Title 2nd Vice Commander, SAL	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 Larry Williams	14b Name Barbara J Sutton
14c Name Janet Melhorn	14d Name Jan F Christenson

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

249 W. Esperanza Blvd., Green Valley, AZ 85629
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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.
2-4 <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.	<input type="checkbox"/> p.m.

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Applicant's Name (as shown on page 1)
American Legion Madera Post 131

APPLICATION FOR BINGO LICENSE

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
N/A	
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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Applicant's Name (as shown on page 1)

American Legion Madera Post 131

APPLICATION FOR BINGO LICENSE

19 Expected bingo expenses:

a Mortgage: \$ _____, per month

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

b Rent: \$ 5,467.00, per ☒ month ☐ hour ☐ occasion

Payable to Delta Properties, LLP	Address – Number and Street, Rural Rt., Apt. No.		
Telephone number (with area code)	City	State	ZIP Code
(520) 722-9292	Tucson	AZ	85712

c Janitorial Services: \$ 1,000.00, per ☒ month ☐ hour ☐ occasion

Payable to Carl Hill	Address – Number and Street, Rural Rt., Apt. No.		
Telephone number (with area code)	City	State	ZIP Code
(520) 398-6245	Green Valley	AZ	85614

d Accounting Services: \$ _____, per ☐ month ☐ hour ☐ occasion

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

e Security Services: \$ 72.00, per ☐ month ☐ hour ☐ occasion

Payable to Brinks Home Security	Address – Number and Street, Rural Rt., Apt. No.		
Telephone number (with area code)	City	State	ZIP Code
(800) 447-9239	Palatine	IL	60055

f Bingo Supplies: \$ 150.00, per Month

Payable to Cactus Bingo Supply	Address – Number and Street, Rural Rt., Apt. No.		
Telephone number (with area code)	City	State	ZIP Code
(602) 268-3243	Phoenix	AZ	85040

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?

Cactus Bingo Supply.

No.

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Applicant's Name (as shown on page 1)
American Legion Madera Post 131

APPLICATION FOR BINGO LICENSE

I, Joseph C Melhorn, 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

8/28/23
DATE

Post 131 Commander
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