

## Pima County Clerk of the Board

Melissa Manriquez

Katrina Martinez Deputy Clerk Administration Division 33 N. Stone Avenue, Suite 100 Tucson, AZ 85701 Phone: (520)724-8449 • Fax: (520) 222Management of Information & Records Division 1640 East Benson Highway Tucson, Arizona 85714 Phone: (520) 351-8454 • Fax: (520) 791-6666

November 19, 2024

Jennifer Kenney San Xavier Moose Lodge No. 1964 9022 S. Nogales Highway Tucson, AZ 85756

RE: Bingo License Application of San Xavier Moose Lodge No. 1964 Class B - Medium Game, County No.: 24-06-8050

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 3, 2024, 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,

Melissa Manriquez

24-06-8050

## 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 San 2a Mailing Address	Xavicr Moose Mogales Hay	Lodge=#1964 AZ		on of information I in this application es a Class 6 felony.
26 City TUCSUN 3a Administrative Office Location	State A	2 85756	REVENUE USE O	NLY, DO NOT MARK IN THIS AREA. $- \sqrt{2}$
SAA 3b City	State	ZIP Code		
4a Name of Contact Person	Kerney 4hTe	lenhone No.		
4c E-mail Address 10 dge 1964 Cm	ooseunits.org 5	30.889.6147	81 PM	80 RCVD 2
5 Class B and Class C lic organization:	ense applicants only: If ap	plying as a qualified organ	ization, <i>check</i> c	one box to indicate the type of cu
Charitable	🛄 Social	Religious		Veterans
Fraternal	Volunteer Fire Departme	nt 🔲 Homeowners Asse	ociation	Nonprofit Ambulance Service

6 Class B and Class C license applicants only applying as a qualified organization, provide parent or auxiliary information:

Ga Parent Name MOOSE Internation	6b Auxiliary Name
Address-Number and Street, Rural Rt., Apt, No. 155 S. International dr.	Address - Number and Street, Rural Rt., Apt. No.
City Mapschart IL US39	City State ZIP Code

7 Class B and Class C license applicants only applying as a qualified organization, <u>list the current officers or Board of</u> Directors of the organization:

7ª Name Peter Schultz	76 Name Bill Dunn
Title Administrator	THE TREASurer
Address - Number and Street, Rural Rt., Apt. No.	Address - Number and Street, Rural Rt., Apt. No.
1330 W. Calle LUIS Maria	11290 S. Nogales HWY
City State ZIP Code	City State ZIP Code
Schuarita AZ	70450n AZ 85756
To Name lennify Kerken	7d Name
Title Chaplin	Title
Address - Number and Street, Rural Rt., Apt. No.	Address - Number and Street, Rural Rt., Apt. No.
Dod E. Gardin INP	
City State ZIP Code	City State ZIP Code
TUCSON AL 85700	

8 Class B and Class C license applicants only: Bingo checking account information: Checking Account Number Bank Name Bank Branch

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Kalley AZ 85614

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Applicant's Name (as shown on page 1) 10dg + #1964 Nouse **APPLICATION FOR BINGO LICENSE** 

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

	Barge merode booming decount in	01111110111
Account Number	Bank Name	Bank Branch
$\wedge / / \Delta$		
		· · · · · · · · · · · · · · · · · · ·

Class B and Class C license applicants only: List all officers and/or supervisors authorized to sign checks from the accounts 10 listed above. If applying as a qualified organization, all supervisors must be members of the applicant:

10a Name 10b Name Title Title Casuro

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 11b Name Title Title INUN

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.

Title Name 10-

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.

13b Name 13a Name Title Title haek

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 NA	14b Name	
14c Name	14d Name	

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

TUCSON A Ode Games of Bingo must not exceed 5 days a week. Indicate the time on each respective day that live bingo will be played: 16

SUN TUE WED THUR FRI MON SAT 🔲a.m. A 🗖 a.m 🔲 a.m. 🔲 a.m. 🗌 a.m Пa.m 🔲 a.m. 0 Xap.m Mp.m m.qL

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- 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.

Applicant's Name (as shown on page 1)

b X Rented or leased. Attach rental affidavit and copy of rental agreement.

100Se

Address -- Number and Street, Rural Rt., Apt. No. Landlord's Name 321 Ł. thZIP Code Citv Telept α

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

Address Number and Street, Rural Rt., Apt. No.			
City	State ZIP Code		
Address – Number and Street, Rural Rt., Apt. No.			
City	State ZIP Code		
Address - Number and Street, Rural Rt., Apt. No.			
City	State ZIP Code		
	City Address – Number an City Address – Number an		

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 Namə		
Address - Number and Street	Rural Rt., Apt. No.	Address – Number an	d Sireet, Rural Rt., Apt. No.	
City	State ZIP Code	City	State ZIP Code	

Continued on page 4 ->

Applicapt's Name (as shown on page 1) Masse Ladge #196

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APPLICATION FOR BINGO LICENSE

19 Expected bingo expenses:

а	Mortgage; \$ per month		_,
	Payable to	Address - Number and Street, Rural Rt., Apt. No.	
	Telephone number (with area code)	City State ZIP Code	-

b	Rent:	\$	000,00	per 🗍 month	🔲 hou				
	Payable to	Bertha	1 open	Fscab		dress – Numbe 376	E. 474	al Rt, Apt. No.	
	Telephono n	umber (with area o	ode)		C	" TUC	son	State	ZIP Code

C	Janitorial Services: \$ 100.00 per 2 mo			
	Payable to	Address ~ Number and Street, R	ural Rt., Apt. No.	o.
	Telephone number (with area code)	city Tucion	A2 State	ZIP Code 85756

d Accounting Services: \$\_\_\_\_\_ per 🗍 month 📋 hour 🗋 occasion

Payable to	Address - Number and St	Address - Number and Street, Rural Rt., Apt. No.		
Telephone number (with area code)	City	State	ZIP Code	
			1	

e	Security Services: \$, per 🗍 month 🗍 h	our 🗖 occasion	-	······································
	Payable to	Address - Number and Street, Rural Rt	, Apt. No.	
	Telephone number (with area code)	City	State	ZIP Code

Bingo Supplies: \$, per					
Payable to	Address – Number ar	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) San Xa V į Ci	- Moos	e Lodge #196	M APPLICA	TION FOR BINGO LICENSE					
I, <u>Jennifer</u> Kerney, 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	5 1	DATE TITLE	Chaplin	<b>F</b>					
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 Disapp	proved	Class A License	🗂 Class B License	Class C License					
Reviewer's Name (please print)	Date	License Number	Effective Date	Expiration Date					

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