



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) 222-0448

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

December 16, 2022

Michelle Donnelly
Chaos Elite Booster Club
6258 S. Wheaton Drive
Tucson, AZ 85747

RE: Bingo License Application of Chaos Elite Booster Club
Class B, County No.: 22-01-8042

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, January 10, 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 printed name and title.

Melissa Manriquez
Clerk of the Board

22-01-8042

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 Chaos Elite Booster Club	
2a Mailing Address 6258 S Wheaton Drive	
2b City Tucson	State ZIP Code AZ 85747
3a Administrative Office Location SAME	
3b City	State ZIP Code
4a Name of Contact Person Michelle Donnelly	4b Telephone No. [REDACTED]
4c E-mail Address [REDACTED]	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

DEC 15 2021 11:40 AM POC:KJL

- 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 Moose Lodge	6b Auxiliary Name
Address - Number and Street, Rural Rt., Apt. No. 2660 W. Rothrauff Rd.	Address - Number and Street, Rural Rt., Apt. No.
City State ZIP Code Tucson AZ 85705	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 Michelle Donnelly	7b Name Addisen McCord
Title Booster Club President	Title Proceeds Coordinator
Address - Number and Street, Rural Rt., Apt. No. 6258 S Wheaton Drive	Address - Number and Street, Rural Rt., Apt. No. 4656 S Breckinridge Drive
City State ZIP Code Tucson AZ 85747	City State ZIP Code Tucson AZ 85730
7c Name Monique Garcia	7d Name
Title Supervisor	Title
Address - Number and Street, Rural Rt., Apt. No. 134 W Calle Margarita	Address - Number and Street, Rural Rt., Apt. No.
City State ZIP Code Tucson AZ 85706	City State ZIP Code

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

Checking Account Number [REDACTED]	Bank Name Vantage West Credit Union	Bank Branch
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Continued on page 2 →

Applicant's Name (as shown on page 1)

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 Michelle Donnelly	10b Name Addisen McCord
Title President	Title Proceeds Coordinator

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 Monique Garcia	11b Name Manager
Title	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 Addisen McCord	Title Proceeds Coordinator
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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 Monique Garcia	13b Name Supervisor
Title	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	14b Name
14c Name	14d Name

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

2660 W Ruthrauff Road Tucson AZ 85705

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 checked="" type="checkbox"/> a.m.	<input checked="" 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.	<input type="checkbox"/> p.m.

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Applicant's Name (as shown on page 1)

APPLICATION FOR BINGO LICENSE

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: \$ 50, per Month

Payable to 4- Links	Address – Number and Street, Rural Rt., Apt. No. 5601 N Highway 95 #F-606
Telephone number (with area code) 928-486-9878	City State ZIP Code Lake Havasu AZ 86404

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?

4-Links / Cactus

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Applicant's Name (as shown on page 1)

APPLICATION FOR BINGO LICENSE

I, Michelle Donnelly, 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.

Michelle Donnelly
APPLICANT'S SIGNATURE

12/13/22
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.

<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	