



**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

May 21, 2024

Erica Holbert  
Rocking K South Master Homeowners Association  
12620 E. Old Spanish Trail  
Tucson, AZ 85747

RE: Bingo License Application of Rocking K South Master Homeowners Association  
Class A, County No.: 24-02-8046

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, June 4, 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,

A handwritten signature in black ink, appearing to read "Melissa Manriquez", is written over a horizontal line.

Melissa Manriquez  
Clerk of the Board

24-02-8046

## 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.

<b>1 Applicant's Name</b> Rocking K South Master Homeowners Association		
<b>2a Mailing Address</b> 12620 E. Old Spanish Trail		
<b>2b City</b> Tucson	<b>State</b> AZ	<b>ZIP Code</b> 85747
<b>3a Administrative Office Location</b> 1600 W. Broadway Rd. Suite 200		
<b>3b City</b> Tempe	<b>State</b> AZ	<b>ZIP Code</b> 85282
<b>4a Name of Contact Person</b> Erica Holbert	<b>4b Telephone No.</b> (520) 603-1889	
<b>4c E-mail Address</b> eholbert@associatedasset.com	<b>4c Fax No.</b>	

**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:***

<b>6a Parent Name</b>	<b>6b Auxiliary Name</b>
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:***

<b>7a Name</b>	<b>7b Name</b>
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
<b>7c Name</b>	<b>7d Name</b>
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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Continued on page 2 →

Applicant's Name (as shown on page 1)

Rocking K South Master Homeowners 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

**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:

<b>10a Name</b>	<b>10b Name</b>
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.*

<b>11a Name</b>	<b>11b Name</b>
Erica Holbert	
Title	Title
General Manager	

**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	Title
Erica Holbert	General Manager

**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.*

<b>13a Name</b>	<b>13b Name</b>
Maria L. Contreras	
Title	Title
Community Manager	

**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.*

<b>14a Name</b>	<b>14b Name</b>
Maricela Robles	
<b>14c Name</b>	<b>14d Name</b>

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

7735 S Rocking K Ranch Loop, Tucson AZ, 85747

**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 type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	3-7 <input checked="" type="checkbox"/> p.m.	3-7 <input checked="" type="checkbox"/> p.m.

Continued on page 3 →

Applicant's Name (as shown on page 1)  
 Rocking K South Master Homeowners Association

**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 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

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 N/A	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

*Continued on page 4 →*

Applicant's Name (as shown on page 1)

Rocking K South Master Homeowners Association

**APPLICATION FOR BINGO LICENSE**

**19 Expected bingo expenses:**

**a Mortgage:** \$ 0.00 per month

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

**b Rent:** \$ 0.00 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:** \$ 0.00 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:** \$ 0.00 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:** \$ 0.00 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:** \$ 400.00 per Event

Payable to	Address – Number and Street, Rural Rt., Apt. No.		
Bar Game Show Productions	5313 W Hartford Ave		
Telephone number (with area code)	City	State	ZIP Code
(602) 578-0756	Glendale	AZ	85308

**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?**

Bar Game Show Productions / No

*Continued on page 5 ➔*

Applicant's Name (as shown on page 1)

Rocking K South Master Homeowners Association

**APPLICATION FOR BINGO LICENSE**

I, Erica Holbert, 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.

Erica Holbert  
APPLICANT'S SIGNATURE

4/23/24  
DATE

General Manager  
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

FOR OFFICIAL USE ONLY PURSUANT TO A.R.S. § 5-404.A

- **License Applicants:** Complete lines 2, 3, and 4. Submit with entire license package to local governing body.
- **Local Governing Body:** Complete and return with license package to the Department of Revenue Bingo Section.  
A.R.S. §§ 5-409 and 5-410

<input type="checkbox"/> New Application <input type="checkbox"/> Change of Location		Date	License Number	
From (Name of local governing body)		<b>REVENUE USE ONLY. DO NOT MARK IN THIS AREA.</b> <div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: 100px;">88</div>          <div style="display: flex; justify-content: space-between; width: 100%;"> <span><div style="border: 1px solid black; padding: 2px;">81</div> PM</span> <span><div style="border: 1px solid black; padding: 2px;">80</div> RCVD</span> </div>		
Address (number and street, PO Box)				
City	State			ZIP Code
Phone No. (with area code)				

- 1 This is to certify that on \_\_\_\_\_ a hearing was conducted pursuant to Arizona Revised Statute, Title 5, Chapter 4, in the matter of:
- ☐ Application for a bingo license by the following applicant.
- ☐ Application for a bingo license location transfer.

2 Applicant's Name Rocking K South Master Homeowners Association			
3 Location/Address where live bingo will be conducted: 7735 S Rocking K Ranch Loop	City Tucson	State AZ	ZIP Code 85747

- 4 Fill in the time on the days 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 type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	3-7 <input checked="" type="checkbox"/> p.m.	3-7 <input checked="" type="checkbox"/> p.m.

- 5 Who is your live bingo supplier?
- \_\_\_\_\_

- 6 Recommendation for the application: ☐ Approved    ☐ Disapproved

- 7 Specific reasons for disapproval are hereby listed pursuant to A.R.S. § 5-404.1:
- \_\_\_\_\_

This endorsement must be signed by a delegated authority of the local governing body.

PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

TITLE \_\_\_\_\_

Please mail to:  
 Arizona Department of Revenue  
 1600 W Monroe Street, Division Code 22  
 Phoenix, AZ 85007

☎ (602) 716-7801