

# Pima County Clerk of the Board

Robin Brigode

Mary Jo Furphy  
Deputy Clerk

Administration Division  
130 W. Congress, 5<sup>th</sup> Floor  
Tucson, AZ 85701

Phone: (520) 724-8449 • Fax: (520) 222-0448

Document and Micrographics Mgt. Division  
1640 East Benson Highway  
Tucson, Arizona 85714  
Phone: (520) 351-8454 • Fax: (520) 791-6666

October 21, 2014

Kevin McLindsay  
10195 S. Houghton Road  
Tucson, AZ 85747

RE: Bingo License Application of Kevin McLindsay  
Class A - Small Game, County No.: 14-08-8030

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, November 18, 2014, 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

For your information, enclosed is a copy of the Sheriff's Report. Any questions pertaining to the enclosed report should be directed to the Pima County Sheriff's Department at (520) 351-6999. If you have any questions pertaining to the above referenced hearing, please contact this office at 724-8449.

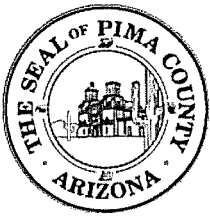
Sincerely,

A handwritten signature in cursive script that reads "Robin Brigode".

Robin Brigode  
Clerk of the Board

Enclosure

c: Pima County Sheriff Investigative Support Unit



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TO: Pima County Sheriff's Department  
Investigative Support Unit

FROM: Bernadette Russell *BR*  
Administrative Support Specialist

DATE: September 30, 2014

RE: Sheriff's Report - Bingo License No. 14-08-8030

Attached is a copy of the application of James E. Davis for a Class A - Small Game  
Bingo License.

Is there any reason why the Board should not recommend approval of the application  
to the State Tax Commission?

Please return this form as soon as possible, stating your reasons if disapproval is  
recommended.

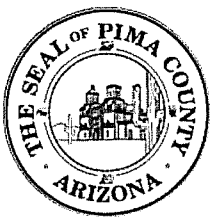
SHERIFF'S REPORT

DATE: 10/13/14

NOTHING NOTED

*[Signature]* 1226  
Investigative Support Unit Supervisor

OCT 17 14 AM 11:57 PC CLK OF BD *BR*



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TO: Pima County Sheriff's Department  
Investigative Support Unit

FROM: Bernadette Russell *BR*  
Administrative Support Specialist

DATE: September 30, 2014

RE: Sheriff's Report - Bingo License No. 14-08-8030

Attached is a copy of the application of Dianne L. Davis for a Class A - Small Game Bingo License.

Is there any reason why the Board should not recommend approval of the application to the State Tax Commission?

Please return this form as soon as possible, stating your reasons if disapproval is recommended.

## SHERIFF'S REPORT

DATE: 10/13/14

NOTHING NOTED

*[Signature]* 1226  
Investigative Support Unit Supervisor

OCT 17 14 PM 11:57 PC CLK OF HD *SL*

14-08-8030

## 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 bingo games, you must renew your license prior to the expiration date.

1 Applicant's Name Kevin McLindsey	
2a Mailing Address 10195 S. Houghton rd A2 85747	
2b City Tucson	State ZIP Code
3a Administrative Office Location "Same as above"	
3b City	State ZIP Code
4a Name of Contact Person	4b Telephone No.
4c E-mail Address	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	00292269 0070 PSTN 003 SPAUL 0095 Bingo Payments 16 001 A
14C0224131001 License Payment \$10.00 CK \$10.00 8/22/14	
81 PM CHANGE	80 RCVD
082214	082514
8/22/2014	

**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	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, provide the date the organization was established in Arizona: \_\_\_\_\_

**8 Class B and Class C license applicants only** applying as a qualified organization, list the current officers of the organization:

8a Name	8b 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
8c Name	8d 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

Continued on page 2 →

## 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 TBD	Effective Date	Expiration Date

SEP 17 14 PM 01:52 PC CLK OF BD

Applicant's Name (as shown on page 1)

**APPLICATION FOR BINGO LICENSE**

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

Checking Account Number	Bank Name	Bank Branch
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**10 Class B and Class C license applicants only: Bingo interest-bearing account information:**

Account Number	Bank Name	Bank Branch
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**11 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:**

11a Name	11b 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

**12 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.**

12a Name Kevin McLindsay	12b 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

**13 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 Diane Davis	Address – Number and Street, Rural Rt., Apt. No. 10195 S. Houghton rd
Title Activities Director	City State ZIP Code Tucson AZ 85747

**14 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.**

14a Name James Davis	14b Name
Title Activities	Title
Address – Number and Street, Rural Rt., Apt. No. 10195 S. Houghton rd	Address – Number and Street, Rural Rt., Apt. No.
City State ZIP Code Tucson AZ 85747	City State ZIP Code
14c Name Diane Davis	14d 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

- 15 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.*

15a Name <u>Dianne Davis</u>	15b Name
15c Name <u>James Davis</u>	15d Name
15e Name	15f Name
15g Name	15h Name

- 16 Street address of the physical location where bingo will be played:

10195 S. Houghton Rd Tucson, AZ 85747

- 17 Indicate the time on each respective day that 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.	<u>7-9pm</u> <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.

- 18 List dates of proposed game cancellation if any:

NA

- 19 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

Continued on page 4 →

- 20** 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:

<b>20a Name</b>	<b>20b 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

- 21** 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

Line 21 continues on page 5 ➔

Applicant's Name (as shown on page 1)

APPLICATION FOR BINGO LICENSE

21 Expected Bingo Expenses, continued...

g Maximum prize payout per occasion: \$\_\_\_\_\_. Attach game schedule that lists individual prize amounts.

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

h Utility Expenses:

Electric (payable to)		Address – Number and Street, Rural Rt., Apt. No.	
Account Number	Monthly Amount \$	City	State ZIP Code

Gas (payable to)		Address – Number and Street, Rural Rt., Apt. No.	
Account Number	Monthly Amount \$	City	State ZIP Code

Water (payable to)		Address – Number and Street, Rural Rt., Apt. No.	
Account Number	Monthly Amount \$	City	State ZIP Code

Trash Removal (payable to)		Address – Number and Street, Rural Rt., Apt. No.	
Account Number	Monthly Amount \$	City	State ZIP Code

22 Briefly state the specific projected use of net proceeds from games of bingo:

To be given to winner.

I, Kevin McInerney, 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.

Kevin McInerney 7-8-14 Manager  
APPLICANT'S SIGNATURE DATE TITLE

Please mail to: Arizona Department of Revenue, PO Box 29019, Phoenix, AZ 85038-9019

(602) 716-7801