



**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 23, 2024

Edward Gold  
Green Valley Sahuarita Lions Foundation, Inc.  
P.O. Box 442  
Green Valley, AZ 85614

RE: Bingo License Application of Green Valley Sahuarita Lions Foundation, Inc.  
Class A, County No.: 24-04-8048

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, October 15, 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

24-04-8048

## 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> Green Valley Sahuarita Lions Foundation, Inc.		
<b>2a Mailing Address</b> P.O. Box 442		
<b>2b City</b> Green Valley	<b>State</b> AZ	<b>ZIP Code</b> 85614
<b>3a Administrative Office Location</b> N/A		
<b>3b City</b>	<b>State</b>	<b>ZIP Code</b>
<b>4a Name of Contact Person</b> Edward Gold	<b>4b Telephone No.</b>	
<b>4c E-mail Address</b> GVSLions@gmail.com	<b>4d 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:

- ☐ 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:**

<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 →

SEP 20 24 PM 12:03 POC CLK OF BD

Applicant's Name (as shown on page 1)

Green Valley Sahuarita Lions Foundation, Inc.

# 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	10b Name
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.*

11a Name	11b Name
Edward Gold	
Title	Title
Green Valley Sahuarita Lions Club Secretary	

## 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
Darlene Green	Green Valley Sahuarita Lions Club Director

## 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	13b Name
Edward Gold	
Title	Title
Green Valley Sahuarita Lions Club Secretary	

## 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
Carol Flynn	Del Zander
14c Name	14d Name
Berta Zander	

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

1111 S GVR Dr, Green Valley, AZ 85614

## 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.	5:00 <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.

Continued on page 3 →

Applicant's Name (as shown on page 1)

Green Valley Sahuarita Lions Foundation, Inc.

## 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		
GVR Foundation			
Address – Number and Street, Rural Rt., Apt. No.	Address – Number and Street, Rural Rt., Apt. No.		
1070 S Calle de Las Casitas			
City State ZIP Code	City State ZIP Code		
Green Valley AZ 85614			

Continued on page 4 →

Applicant's Name (as shown on page 1)

Green Valley Sahuarita Lions Foundation, Inc.

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: \$ 3,000.00 per year

Payable to	Address – Number and Street, Rural Rt., Apt. No.		
Bingo West	P.O. Box 65894		
Telephone number (with area code)	City	State	ZIP Code
(520) 405-6019	Tucson	AZ	85728

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?

Bingo West, Amazon

Continued on page 5 →

Applicant's Name (as shown on page 1)

Green Valley Sahuarita Lions Foundation, Inc.

**APPLICATION FOR BINGO LICENSE**

I, Edward Gold, 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.

Edward Gold  
APPLICANT'S SIGNATURE

09/15/2024  
DATE

Green Valley Sahuarita Lions Club Secretary  
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