



Katrina Martinez
Deputy Clerk

Pima County Clerk of the Board

Melissa Manriquez

Administration Division
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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

November 26, 2024

Peggy Skinner
Copper Crest Owners Association
7650 W. Gypsum Street
Tucson, AZ 85735

RE: Bingo License Application of Copper Crest Owners Association
Class A- Small Game, County No.: 24-07-8051

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 17, 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", with a large flourish at the end.

Melissa Manriquez
Clerk of the Board

24-07-8051

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 Copper Crest Owners Association | | |
| 2a Mailing Address 7650 W Gypsum St. | | |
| 2b City Tucson | State AZ | ZIP Code 85735-9082 |
| 3a Administrative Office Location 7650 W Gypsum St | | |
| 3b City Tucson | State AZ | ZIP Code 85735 |
| 4a Name of Contact Person Peggy Skinner | 4b Telephone No. [REDACTED] | |
| 4c E-mail Address [REDACTED] | 4c Fax No. [REDACTED] | |

| | |
|---|---------|
| 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:*

| | |
|--|--|
| 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, *list the current officers or Board of Directors of the organization:*

| | |
|--|--|
| 7a Name | 7b 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 |
| 7c Name | 7d 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 |

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

| | | |
|-------------------------|-----------|-------------|
| Checking Account Number | Bank Name | Bank Branch |
|-------------------------|-----------|-------------|

Continued on page 2 →

Applicant's Name (as shown on page 1)
Copper Crest 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:

| | |
|-----------------|-----------------|
| 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 |
| Peggy J Skinner | Sherlyn Martin |
| Title | Title |
| Manager | Assistant 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 |
| Peggy J Skinner | Mnager/Proceeds Coordinator |

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 |
| Peggy J Skinner | |
| Title | Title |
| Manager/Supervisor | |

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 |
| SEE ATTACHED AFFADAVITS | |
| 14c Name | 14d Name |
| | |

15 Street address of the PHYSICAL location where live bingo will be played:
 7650 W Gypsum St., Tucson, AZ 85735-9082

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. | 7:00 <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. |

Continued on page 3 →

Applicant's Name (as shown on page 1)

Copper Crest 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 | 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 |
| 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)

Copper Crest Home owners Association

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: \$ _____ per _____

| | | | |
|-----------------------------------|--|-------|----------|
| Payable to N/A | 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?"

- Amazon - we do not anticipate purchasing any technological aids for our bingo games

We have no plans to purchase any new Bingo Supplies. We will be using the slider cards, and machine that was used previously. (The previous Supervisor stepped down and canceled the license)

Peggy J Skinner

Applicant's Name (as shown on page 1)
Copper Crest Home owners Association

APPLICATION FOR BINGO LICENSE

I, Peggy J. Skinner, 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.

Peggy J. Skinner 9-12-2024 Manager
APPLICANT'S SIGNATURE DATE 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 | | |

Equipment used for Tuesday Night Bingo at Copper Crest Community

