



Katrina Martinez  
Deputy Clerk

# Pima County Clerk of the Board

Melissa Manriquez

Administration Division  
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February 27, 2024

Jessica Bird  
American Legion Auxiliary, McCulloch-Wagner Unit 109  
15921 S. Houghton Road  
Vail, AZ 85641

RE: Bingo License Application of American Legion Auxiliary, McCulloch-Wagner Unit 109  
Class B, County No.: 24-01-8045

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, March 19, 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".

Melissa Manriquez  
Clerk of the Board



- 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> AMERICAN LEGION AUXILIARY, MCCULLOCH-WAGNER UNIT 109		
<b>2a Mailing Address</b> 15921 S. Houghton, Rd.		
<b>2b City</b> Vail	<b>State</b> AZ	<b>ZIP Code</b> 85641
<b>3a Administrative Office Location</b> 15921 S. Houghton Rd.		
<b>3b City</b> Vail	<b>State</b> AZ	<b>ZIP Code</b> 85641
<b>4a Name of Contact Person</b> Jessica Bird	<b>4b Telephone No.</b> [REDACTED]	
<b>4c E-mail Address</b> [REDACTED]	<b>4c Fax No.</b> [REDACTED]	

<b>Falsification of information contained in this application constitutes a Class 6 felony.</b>	
REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
88	[REDACTED]
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 checked="" 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> American Legion Mcculloch-Wagner Post 109	<b>6b Auxiliary Name</b> AMERICAN LEGION AUXILIARY, MCCULLOCH-WAGNE
Address – Number and Street, Rural Rt., Apt. No. 15921 S. Houghton Rd.	Address – Number and Street, Rural Rt., Apt. No. 15921 S. Houghton Rd.
City State ZIP Code Vail AZ 85641	City State ZIP Code Vail AZ 85641

**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> Jessica Bird	<b>7b Name</b> Tracy Goodwin
<b>Title</b> President	<b>Title</b> Vice President
Address – Number and Street, Rural Rt., Apt. No. [REDACTED]	Address – Number and Street, Rural Rt., Apt. No. [REDACTED]
City State ZIP Code [REDACTED]	City State ZIP Code [REDACTED]
<b>7c Name</b>	<b>7d Name</b>
<b>Title</b>	<b>Title</b>
Address – Number and Street, Rural Rt., Apt. No. [REDACTED]	Address – Number and Street, Rural Rt., Apt. No. [REDACTED]
City State ZIP Code [REDACTED]	City State ZIP Code [REDACTED]

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

Checking Account Number [REDACTED]	Bank Name [REDACTED]	Bank Branch [REDACTED]
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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
[REDACTED]	[REDACTED]	[REDACTED]

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 Jessica Bird	10b Name Tracy Goodwin
Title President	Title Vice President

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 Jessica Bird	11b Name Orpha Saathoff
Title Manager	Title Asst. 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 Jessica Bird	Title President
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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 Jessica Bird	13b Name
Title President	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 Orpha Saathoff	14b Name
14c Name	14d Name

15 Street address of the PHYSICAL location where live bingo will be played:  
15921 S. Houghton Rd. Vail, AZ 85641

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.	1st/3rd <input checked="" 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)

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 MCCULLOCH-WAGNER POST 109, AMERICAN LEGION	18b Name
Address – Number and Street, Rural Rt., Apt. No. 15921 S. Houghton Rd.	Address – Number and Street, Rural Rt., Apt. No.
City State ZIP Code Vail AZ 85641	City State ZIP Code

Continued on page 4 →

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: \$ 150.00 \_\_\_\_\_, per month \_\_\_\_\_

Payable to	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?"  
 No

Continued on page 5 →

