



Melissa Manriquez
Deputy Clerk

Pima County Clerk of the Board

Julie Castañeda

Administration Division
130 W. Congress, 5th Floor
Tucson, AZ 85701
Phone: (520) 724-8449 • Fax: (520) 222-0448

Management of Information & Records Division
1640 East Benson Highway
Tucson, Arizona 85714
Phone: (520) 351-8454 • Fax: (520) 791-6666

February 19, 2020

Disabled American Veterans Chapter 28
5771 S. Country Club Road
Tucson, AZ 85706

RE: Bingo License Application of Disabled American Veterans Chapter 28
Class B, County No.: 20-01-8037

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 3, 2020, 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 "Julie Castañeda", is written over a horizontal line.

Julie Castañeda
Clerk of the Board

20-01-8037

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 Disabled American Veterans Chapter 28	
2a Mailing Address 5771 S. Country Club Rd	
2b City Tucson	State ZIP Code AZ 85706
3a Administrative Office Location 5771 S. Country Club Rd	
3b City Tucson	State ZIP Code AZ 85706
4a Name of Contact Person Bryan Cassels	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:

- ☐ 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 Disabled American Veterans Department of Arizona		6b Auxiliary Name DAVA Working Unit 28	
Address - Number and Street, Rural Rt., Apt. No. 38 W. Dunlap Avenue		Address - Number and Street, Rural Rt., Apt. No. 5771 S. Country Club Rd	
City Phoenix	State ZIP Code AZ 85021	City Tucson	State ZIP Code AZ 85706

7 **Class B and Class C license applicants only** applying as a qualified organization, provide the date the organization was established in Arizona: 01/03/1979

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

8a Name Kevin Dumas		8b Name Henry Johnson	
Title Commander		Title Adjutant/Finance Officer	
Address - Number and Street, Rural Rt., Apt. No. 4604 S Fenwick Dr		Address - Number and Street, Rural Rt., Apt. No. 758 W Tipton Dr	
City Tucson	State ZIP Code AZ 85730	City Tucson	State ZIP Code AZ 85705
8c Name Bryan Cassels		8d Name Ken Thompson	
Title Senior Vice Commander		Title Junior Vice Commander	
Address - Number and Street, Rural Rt., Apt. No. 11030 S. Nogales Hwy Unit 9		Address - Number and Street, Rural Rt., Apt. No. 3025 N Los Altos Ave	
City Tucson	State ZIP Code AZ 85756	City Tucson	State ZIP Code AZ 85705

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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

Applicant's Name (as shown on page 1)

Disabled American Veterans Chapter 28

APPLICATION FOR BINGO LICENSE

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

Checking Account Number [REDACTED]	Bank Name Vantage West Credit Union	Bank Branch Valencia Rd.
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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 Bryan Cassels	11b Name Henry Johnson
Title Senior Vice Commander	Title Adjutant/Finance Officer
Address – Number and Street, Rural Rt., Apt. No. 11030 S. Nogales Hwy Unit 9	Address – Number and Street, Rural Rt., Apt. No. 758 W Tipton Dr
City Tucson	City Tucson
State AZ	State AZ
ZIP Code 85756	ZIP Code 85705

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 Phil Adam	12b Name Bryan Cassels
Title State Executive Committee person	Title Senior Vice Commander
Address – Number and Street, Rural Rt., Apt. No. 1441 S Perlman Ave	Address – Number and Street, Rural Rt., Apt. No. 11030 S. Nogales Hwy Unit 9
City Tucson	City Tucson
State AZ	State AZ
ZIP Code 85710	ZIP Code 85756

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 Bryan Cassels	Address – Number and Street, Rural Rt., Apt. No. 11030 S. Nogales Hwy Unit 9
Title Senior Vice Commander	City Tucson
	State AZ
	ZIP Code 85756

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 Phil Adam	14b Name Bryan Cassels
Title State Executive Committee person	Title Senior Vice Commander
Address – Number and Street, Rural Rt., Apt. No. 1441 S Perlman Ave	Address – Number and Street, Rural Rt., Apt. No. 11030 S. Nogales Hwy Unit 9
City Tucson	City Tucson
State AZ	State AZ
ZIP Code 85710	ZIP Code 85756
14c Name	14d Name
Title	Title
Address – Number and Street, Rural Rt., Apt. No.	Address – Number and Street, Rural Rt., Apt. No.
City	City
State	State
ZIP Code	ZIP Code

Applicant's Name (as shown on page 1)

Disabled American Veterans Chapter 28

APPLICATION FOR BINGO LICENSE

- 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 Phil Adam	15b Name Bryan Cassels
15c Name Dennis Thorkelson	15d Name Steven Walstad
15e Name	15f Name
15g Name	15h Name

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

5771 S. Country Club Rd., Tucson, AZ 85706

- 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.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	3:30 <input checked="" type="checkbox"/> p.m.	1:00 <input checked="" type="checkbox"/> p.m.

- 18 List dates of proposed game cancellation if any:

- 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

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Applicant's Name (as shown on page 1)

Disabled American Veterans Chapter 28

APPLICATION FOR BINGO LICENSE

- 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:

20a Name N/A	20b 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

- 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: \$540.00, per ☒ month ☐ hour ☐ occasion

Payable to Ralph Powers	Address – Number and Street, Rural Rt., Apt. No. 6339 S Hedgehog Dr
Telephone number (with area code) [REDACTED]	City State ZIP Code Tucson AZ 85746

- d Accounting Services: \$300.00, per ☒ month ☐ hour ☐ occasion

Payable to Sweet N Simple Bookkeeping	Address – Number and Street, Rural Rt., Apt. No.
Telephone number (with area code) [REDACTED]	City State ZIP Code Tucson AZ

- e Security Services: \$76.30, per ☒ month ☐ hour ☐ occasion

Payable to Protection 1	Address – Number and Street, Rural Rt., Apt. No.
Telephone number (with area code) [REDACTED]	City State ZIP Code

- f Bingo Supplies: \$ _____, per Year

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)

Disabled American Veterans Chapter 28

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.	
Tucson Electric Power		PO Box 80073	
Account Number	Monthly Amount	City	State ZIP Code
	\$ 400.00	Prescott	AZ 86304-8073

Gas (payable to)		Address – Number and Street, Rural Rt., Apt. No.	
Southwest Gas		PO Box 98890	
Account Number	Monthly Amount	City	State ZIP Code
	\$ 160.00	Las Vegas	NV 89193-8890

Water (payable to)		Address – Number and Street, Rural Rt., Apt. No.	
City of Tucson		PO Box 52771	
Account Number	Monthly Amount	City	State ZIP Code
	\$ 130.00	Phoenix	AZ 85072-2771

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:

Proceeds will go to paying utilities, security services, the accountant, the janitor, and bingo supplies

I, Kevin Dumas, 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 Dumas 6/2/11/2020 Commander
APPLICANT'S SIGNATURE DATE TITLE

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

(602) 716-7801