



Pima County Clerk of the Board

Julie Castañeda

Melissa Manriquez
Deputy Clerk

Administration Division
130 W. Congress, 1st 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

March 18, 2020

Trails West Residents Association
8401 S. Kolb Road, Unit 217
Tucson, AZ 85756

RE: Bingo License Application of Trails West Residents Association
Class B, County No.: 20-02-8038

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, April 7, 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

20-02-8038

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 Trails West Residents Association		Falsification of information contained in this application constitutes a Class 6 felony.	
2a Mailing Address 8401 S Kolb Road Unit 217			
2b City Tucson	State AZ	ZIP Code 85756	REVENUE USE ONLY. DO NOT MARK IN THIS AREA. [88]
3a Administrative Office Location 8401 S Kolb Road Unit 217			
3b City Tucson	State AZ	ZIP Code 85756	
4a Name of Contact Person Marie McBride	4b Telephone No. [REDACTED]		
4c E-mail Address [REDACTED]	4c Fax No.		[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 Trails West Residents Association			6b Auxiliary Name None		
Address - Number and Street, Rural Rt., Apt. No. 8401 S Kolb Road Unit 97			Address - Number and Street, Rural Rt., Apt. No.		
City Tucson	State AZ	ZIP Code 85756	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: **[1,2,3,0,1,9,9,4]**

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

8a Name Paul Fites			8b Name Ron Sharp		
Title President			Title Vice President		
Address - Number and Street, Rural Rt., Apt. No. 8401 S Kolb Road Unit 97			Address - Number and Street, Rural Rt., Apt. No. 8401 S Kolb Road Unit 562		
City Tucson	State AZ	ZIP Code 85756	City Tucson	State AZ	ZIP Code 85756
8c Name Carol Hamor			8d Name Debbie Nakasone		
Title Secretary			Title Treasurer		
Address - Number and Street, Rural Rt., Apt. No. 8401 S Kolb Road Unit 572			Address - Number and Street, Rural Rt., Apt. No. 8401 S Kolb Road Unit 238		
City Tucson	State AZ	ZIP Code 85756	City Tucson	State AZ	ZIP Code 85756

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	Effective Date	Expiration Date

Applicant's Name (as shown on page 1)
Trails West Residents Association

APPLICATION FOR BINGO LICENSE

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

Checking Account Number	Bank Name	Bank Branch
	J P Morgan/Chase	Chase

10 Class B and Class C license applicants only: Bingo interest-bearing account information:

Account Number	Bank Name	Bank Branch
None		

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
Marie McBride	John L Overbay
Title	Title
Bingo Manager/Supervisor	Proceeds Coordinator/Supervisor
Address - Number and Street, Rural Rt., Apt. No.	Address - Number and Street, Rural Rt., Apt. No.
8401 S Kolb Road Unit 217	8401 S Kolb Road Unit 156
City State ZIP Code	City State ZIP Code
Tucson AZ 85756	Tucson AZ 85756

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	12b Name
Marie McBride	
Title	Title
Bingo Manager/Supervisor	
Address - Number and Street, Rural Rt., Apt. No.	Address - Number and Street, Rural Rt., Apt. No.
8401 S Kolb Road Unit 217	
City State ZIP Code	City State ZIP Code
Tucson AZ 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	Address - Number and Street, Rural Rt., Apt. No.
John L Overbay	8401 S Kolb Road Unit 156
Title	City State ZIP Code
Proceeds Coordinator/Supervisor	Tucson AZ 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	14b Name
Norma Lahr	Elaine Fansler
Title	Title
Supervisor	Supervisor
Address - Number and Street, Rural Rt., Apt. No.	Address - Number and Street, Rural Rt., Apt. No.
8401 S Kolb Road Unit 266	8401 S Kolb Road Unit 439
City State ZIP Code	City State ZIP Code
Tucson AZ 85756	Tucson AZ 85756
14c Name	14d Name
John L Overbay	Marie McBride
Title	Title
Proceeds Coordinator/Supervisor	Bingo Manager/Supervisor
Address - Number and Street, Rural Rt., Apt. No.	Address - Number and Street, Rural Rt., Apt. No.
8401 S Kolb Road Unit 156	8401 S Kolb Road Unit 217
City State ZIP Code	City State ZIP Code
Tucson AZ 85756	Tucson AZ 85756

Applicant's Name (as shown on page 1)

Trails West Residents Association

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 Jacqueline Benner	15b Name Karen Dahlgren
15c Name Shelley Florio	15d Name Mary Frede
15e Name Barbara Kincaid	15f Name Sharon L. Martin
15g Name Charlie Ritter	15h Name

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

8401 S Kolb Road

- 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.	6:30 <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:

1-1-21 New Years Day 9/7/20 Labor Day 12/25/20 Christmas Day

- 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 →

Applicant's Name (as shown on page 1)

Trails West Residents Association

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 None	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: \$_____ 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: \$900.00 per year

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

Line 21 continues on page 5 →

Applicant's Name (as shown on page 1)

Trails West Residents Association

APPLICATION FOR BINGO LICENSE

21 Expected Bingo Expenses, continued...

- g Maximum prize payout per occasion: \$200.00. Attach game schedule that lists individual prize amounts.

Paid to		Address - Number and Street, Rural Rt., Apt. No.	
Linda Jorissen		8401 S Kolb Road Unit 588	
Telephone number (with area code)		City	State ZIP Code
		Tucson	AZ 85756

- h Utility Expenses:

Electric (payable to)		Address - Number and Street, Rural Rt., Apt. No.	
None			
Account Number	Monthly Amount	City	State ZIP Code
	\$		

Gas (payable to)		Address - Number and Street, Rural Rt., Apt. No.	
None			
Account Number	Monthly Amount	City	State ZIP Code
	\$		

Water (payable to)		Address - Number and Street, Rural Rt., Apt. No.	
None			
Account Number	Monthly Amount	City	State ZIP Code
	\$		

Trash Removal (payable to)		Address - Number and Street, Rural Rt., Apt. No.	
None			
Account Number	Monthly Amount	City	State ZIP Code
	\$		

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

Return to bingo participates thru cash door prizes and increase of game prizes.

I, Marie McBride, 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.

Marie McBride 3-12-20 Bingo Manager
APPLICANT'S SIGNATURE DATE TITLE

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

(602) 716-7801