



Arizona Department of Revenue • Bingo Section

Phoenix: (602) 716-7801

APPLICATION FOR BINGO LICENSE

Complete all information on this form. If you do not complete all information, your application will be returned. All information is subject to verification. If you need more space, attach additional sheets.

Falsification of information contained in this application constitutes a Class 6 felony.

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.

For Department of Revenue Use Only
Form with checkboxes for Approved/Disapproved, License Classification (Class A, B, C), and fields for Reviewer's Name, Date, License Number, and Term of License.

Type or print in black ink.

Form with handwritten entries: 1 APPLICANT'S NAME: VILLAGE AT LYNX CREEK BINGO; 2 TELEPHONE NUMBER WITH AREA CODE: 928-759-7293; 3a ADMINISTRATIVE OFFICE LOCATION: VILLAGES AT LYNX CREEK; 4a MAILING ADDRESS: 12200 E. STATE RT. 69; 3b CITY: Dewey, STATE: AZ, ZIP CODE: 86327; 4b CITY, STATE, ZIP CODE.

5 Class B and Class C license applicants only: If applying as a qualified organization, indicate the type of organization:

Check one box:

- Charitable, Social, Religious, Veterans, Fraternal, Volunteer Fire Department, Homeowners Association, Nonprofit Ambulance Service

6 Class B and Class C license applicants only: If applying as a qualified organization, give the name and address of your one parent or auxiliary:

Form with fields for PARENT and AUXILIARY, including address and city/state/zip code.

7 Class B and Class C license applicants only: If applying as a qualified organization, indicate the date your organization was established in Arizona:

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

NAME 8a	NAME 8b
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
NAME 8c	NAME 8d
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

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

Checking Account Number: _____

Bank Name and Branch: _____

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

Account Number: _____

Bank Name and Branch: _____

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:

NAME 11a	NAME 11b
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

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.*

NAME 12a <i>Donna McKerson</i>	NAME 12b <i>McKerson Mandy Simmons</i>
TITLE <i>MANAGER</i>	TITLE <i>ASST MGR</i>
ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. <i>12200 E SR 69</i>	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. <i>12200 E SR 69</i>
CITY STATE ZIP CODE <i>Dewey AZ 86327</i>	CITY STATE ZIP CODE <i>Dewey AZ 86327</i>

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 <i>Donna McKerson</i>	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. <i>12200 E S.R. 69</i>
TITLE <i>MANAGER</i>	CITY STATE ZIP CODE <i>Dewey AZ 86327</i>

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.*

NAME 14a <u>Downa McKeison</u>	NAME 14b
TITLE <u>Supervisor</u>	TITLE
ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. <u>12200 E. S.R. 69</u>	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
CITY <u>Dewey</u> STATE <u>Az</u> ZIP CODE <u>86327</u>	CITY STATE ZIP CODE
NAME 14c	NAME 14d
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

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.*

NAME 15a <u>Marcy Simmons</u>	NAME 15b
NAME 15c <u>Coral Pace</u>	NAME 15d
NAME 15e	NAME 15f
NAME 15g	NAME 15h

16 Street address of the physical location where bingo will be played:
12200 E. S.R. 69 Dewey Az 86327

17 Indicate the time on each respective day that bingo will be played:

Monday: _____ AM PM Friday: _____ AM PM

Tuesday: X AM PM Saturday: _____ AM PM

Wednesday: _____ AM PM Sunday: _____ AM PM

Thursday: _____ AM PM

18 List dates of proposed game cancellation if any:
NA

19 Indicate the type of premises where bingo will be played. *Check one box (line 19 continues on page 4):*

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, etc..*

HOLDER OF MORTGAGE	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
TELEPHONE NUMBER WITH AREA CODE	CITY STATE ZIP CODE

19d Owned jointly with other organization. Attach copy of mortgage, deed of trust, purchase agreement, escrow agreement, etc..

HOLDER OF MORTGAGE 1)	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
TELEPHONE NUMBER WITH AREA CODE	CITY STATE ZIP CODE
CO-OWNER HOLDER: 2)	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
TELEPHONE NUMBER WITH AREA CODE	CITY STATE ZIP CODE
CO-OWNER HOLDER: 3)	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
TELEPHONE NUMBER WITH AREA CODE	CITY STATE ZIP CODE

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.

NAME 20a <i>VA</i>	NAME 20b
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 (line 21 continues on page 5): *VA*

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

21 Expected Bingo Expenses, continued...

f Bingo Supplies: \$ _____ per _____

PAYABLE TO		ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.		
TELEPHONE NUMBER WITH AREA CODE		CITY	STATE	ZIP CODE

g Maximum prize payout per occasion: \$ 299-. 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 Utilities Expenses:

ELECTRIC (payable to)		ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.		
ACCOUNT NUMBER	MONTHLY AMOUNT	CITY	STATE	ZIP CODE
	\$			

GAS (payable to)		ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.		
ACCOUNT NUMBER	MONTHLY AMOUNT	CITY	STATE	ZIP CODE
	\$			

WATER (payable to)		ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.		
ACCOUNT NUMBER	MONTHLY AMOUNT	CITY	STATE	ZIP CODE
	\$			

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:

<p><i>Social</i></p>

Under penalty of perjury, upon oath, I, Marcy Simmons, 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.

<u>Marcy Simmons</u>	<u>3/19/13</u>	<u>Asst Mgr</u>
AFFIANT'S SIGNATURE	DATE	TITLE