

FOR OFFICIAL USE ONLY PURSUANT TO A.R.S. § 5-404.A

- **License Applicants:** Complete lines 2, 3, and 4. Submit with entire license package to local governing body.
- **Local Governing Body:** Complete and return with license package to the Department of Revenue Bingo Section.

<input type="checkbox"/> New Application	<input type="checkbox"/> Change of Location	Date	License Number
From (Name of local governing body)			REVENUE USE ONLY. DO NOT MARK IN THIS AREA. <div style="border: 1px solid black; padding: 2px; width: 20px; margin-bottom: 5px;">88</div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 20px;">81</div> PM <div style="border: 1px solid black; padding: 2px; width: 20px;">80</div> RCVD </div>
Address (number and street, PO Box)			
City	State	ZIP Code	
Phone No. (with area code)			

- 1 This is to certify that on _____ a hearing was conducted pursuant to Arizona Revised Statute, Title 5, Chapter 4, in the matter of:
- Application for a bingo license by the following applicant.
 - Application for a bingo license location transfer.

2 Applicant's Name VILLAGES AT LYNX CREEK BINGO

3 Location/Address where games will be conducted: _____ City _____ State _____ ZIP Code _____
12200 E. STATE RT 69 Dewey AZ. 86327

4 Fill in the time on the days games will be played:

SUN	MON	TUE	WED	THUR	FRI	SAT
<input type="checkbox"/> a.m.						
<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<u>6:30</u> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.

- 5 Background investigations:
- have have not been conducted on all individuals listed in the Bingo License Application.

6 Recommendation for the application: Approved Disapproved

7 Specific reasons for disapproval are hereby listed pursuant to A.R.S. § 5-404.1:

This endorsement must be signed by a delegated authority of the local governing body.

PRINTED NAME _____

SIGNATURE _____ DATE _____ TITLE _____

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

- 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 VILLAGES AT LYNX CREEK BINGO	
2a Mailing Address 12200 E. STATE RT. 69	
2b City Dewey	State ZIP Code AZ. 86327
3a Administrative Office Location	
3b City State ZIP Code	
4a Name of Contact Person DONNA NICKERSON	4b Telephone No. 928-759-7293
4c E-mail Address	4c Fax No.

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

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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	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, provide the date the organization was established in Arizona: _____

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

8a Name	8b 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
8c Name	8d 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

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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
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Applicant's Name (as shown on page 1)

VILLAGES AT LYNX CREEK BINGO

APPLICATION FOR BINGO LICENSE

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

Checking Account Number	Bank Name	Bank Branch
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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	11b 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

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
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

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.
Title	City State ZIP Code

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
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
14c Name	14d 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

Applicant's Name (as shown on page 1)

VILLAGES AT LYNX CREEK BINGO

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.

Table with 8 columns: 15a Name, 15b Name, 15c Name, 15d Name, 15e Name, 15f Name, 15g Name, 15h Name.

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

Blank line for street address.

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

Table with 7 columns (SUN-SAT) and 2 rows (a.m., p.m.) for time selection.

18 List dates of proposed game cancellation if any:

Blank line for cancellation dates.

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.

Table for rental information: Landlord's Name, Address, Telephone Number, 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.

Table for sole ownership information: Holder of Mortgage, Address, Telephone Number, 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.

Table for joint ownership information with 3 entries: 1) Holder of Mortgage, 2) Co-Owner Holder, 3) Co-Owner Holder. Each entry includes Name, Address, Telephone Number, City, State, ZIP Code.

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Applicant's Name (as shown on page 1)

VILLAGES AT LYNX CREEK BINGO

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	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: \$ _____ per _____

Payable to	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)

VILLAGES AT LYNX CREEK BINGO

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.		
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:

I, DONNA NICKERSON, 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.

Donna Nickerson 10/27/14 Manager
 APPLICANT'S SIGNATURE DATE TITLE

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

(602) 716-7801