



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**

Approved     Disapproved

REVIEWER'S NAME (please print)	DATE
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License Classification:     Class A     Class B     Class C

LICENSE NUMBER	TERM OF LICENSE:
	From: _____ To: _____

Type or print in black ink.

1 APPLICANT'S NAME PRESCOTT MOOSE 319	2 TELEPHONE NUMBER WITH AREA CODE 928-772-3700
3a ADMINISTRATIVE OFFICE LOCATION 6501 E 6th Street	4a MAILING ADDRESS 6501 E 6th Street
3b CITY STATE ZIP CODE Prescott Valley AZ 86314	4b CITY STATE ZIP CODE Prescott Valley AZ 86314

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:

PARENT 5a PRESCOTT MOOSE LODGE 319	AUXILIARY 5b
ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. 6501 E 6th Street	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
CITY STATE ZIP CODE Prescott Valley AZ 86314	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: 10/12/61/9/10

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

NAME 8a ROD TAYLOR	NAME 8b HENRY STANLEY
TITLE GOV.	TITLE JR. PAST GOV.
ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. 4308 N. CALLE SANTA CRUZ	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. 7668 BROKEN WAGON WAY
CITY STATE ZIP CODE PRESCOTT VALLEY AZ 86314	CITY STATE ZIP CODE PRESCOTT VALLEY AZ 86314
NAME 8c RICHARD CANTERE	NAME 8d DANA CHRISTOFFERSON
TITLE ADMINISTRATOR	TITLE PRELATE
ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. 669 PINE COURT	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. 2901 NORTH KINGS HWY EAST
CITY STATE ZIP CODE CHINO VALLEY AZ 86323	CITY STATE ZIP CODE PRESCOTT VALLEY AZ 86314

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

Checking Account Number: \_\_\_\_\_

Bank Name and Branch: COUNTRY BANK

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 RICHARD CANTERE	NAME 11b DANA MOORE
TITLE ADMINISTRATOR	TITLE TREASURER
ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. 669 PINE COURT	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. PO BOX 26233
CITY STATE ZIP CODE CHINO VALLEY AZ 86323	CITY STATE ZIP CODE PRESCOTT VALLEY AZ 86312

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 RICHARD CANTERE	NAME 12b DANA MOORE
TITLE ADMINISTRATOR	TITLE TREASURER
ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. 669 PINE COURT	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. P.O. BOX 26233
CITY STATE ZIP CODE CHINO VALLEY AZ 86323	CITY STATE ZIP CODE PRESCOTT VALLEY AZ 86312

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 RICHARD CANTERE	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. 669 PINE COURT
TITLE ADMINISTRATOR	CITY STATE ZIP CODE CHINO VALLEY AZ 86314

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 RICHARD CANTERE	NAME 14b DON ROSE
TITLE ADMINISTRATOR	TITLE MEMBER
ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. 669 PINE COURT	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. 4701 N STALLION DR
CITY STATE ZIP CODE Chino Valley AZ 86323	CITY STATE ZIP CODE PRESCOTT VALLEY AZ 86314
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 KEITH SULLIVAN	NAME 15b BERRY BOWNS
NAME 15c ROD TAYLOR	NAME 15d DON ROSE
NAME 15e	NAME 15f
NAME 15g	NAME 15h

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

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

Monday: \_\_\_\_\_  AM  PM      Friday: \_\_\_\_\_  AM  PM

Tuesday: 11-1  AM  PM      Saturday: \_\_\_\_\_  AM  PM

Wednesday: \_\_\_\_\_  AM  PM      Sunday: \_\_\_\_\_  AM  PM

Thursday: 11-1  AM  PM

18 List dates of proposed game cancellation if any:

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	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):

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: \$ \_\_\_\_\_. 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) <i>APS</i>		ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. <i>P.O. Box 2907</i>	
ACCOUNT NUMBER <i>783162284</i>	MONTHLY AMOUNT <i>\$ 1,075.00</i>	CITY <i>PRESCOTT VALLEY</i>	STATE ZIP CODE <i>AZ 85062</i>

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:

Under penalty of perjury, upon oath, I, Richard Cantore, 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.

Richard Cantore \_\_\_\_\_  
 AFFILIANT'S SIGNATURE DATE TITLE Administrator