



Arizona Department of Revenue • Bingo Section

Phoenix Office: (602) 716-7801 • Tucson Office: (520) 628-6438

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

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 2 TELEPHONE NUMBER WITH AREA CODE
3a ADMINISTRATIVE OFFICE LOCATION 4a MAILING ADDRESS
3b CITY STATE ZIP CODE 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:

PARENT AUXILIARY
6a 6b
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: 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 <b>8a</b>	NAME <b>8b</b>
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 <b>8c</b>	NAME <b>8d</b>
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 <b>11a</b>	NAME <b>11b</b>
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 <b>12a</b>	NAME <b>12b</b>
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.*

NAME <b>14a</b>	NAME <b>14b</b>
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 <b>14c</b>	NAME <b>14d</b>
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 <b>15a</b>	NAME <b>15b</b>
NAME <b>15c</b>	NAME <b>15d</b>
NAME <b>15e</b>	NAME <b>15f</b>
NAME <b>15g</b>	NAME <b>15h</b>

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: \_\_\_\_\_  AM  PM      Saturday: \_\_\_\_\_  AM  PM

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

Thursday: \_\_\_\_\_  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 <b>1)</b>	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
TELEPHONE NUMBER WITH AREA CODE ( )	CITY STATE ZIP CODE
CO-OWNER HOLDER: <b>2)</b>	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
TELEPHONE NUMBER WITH AREA CODE ( )	CITY STATE ZIP CODE
CO-OWNER HOLDER: <b>3)</b>	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 <b>20a</b>	NAME <b>20b</b>
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

