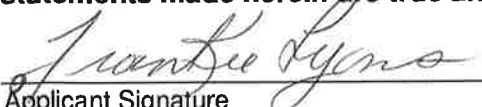
 <b>LAKE HAVASU CITY</b> City Clerk	<b>BINGO LICENSE APPLICATION</b> ACCT# _____	<b>TYPE</b> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/>								
<b>New Application</b> <input checked="" type="checkbox"/> <b>Information Update</b> <input type="checkbox"/> <b>Relocation/Transfer</b> <input type="checkbox"/>		Date: <u>Sept 123 122</u>								
<b>Business Name ("dba"):</b> VETERANS UNITED										
<b>Business Location:</b> 5601 N. HWY 95 UNIT 600 Street Address (include Apt./Suite #) LAKE HAVASU CITY AZ 86404 City, State, Zip	<b>Mailing Address:</b> 1990 MCCULLOCH BLVD D#186 Street Address (include Apt./Suite #) LAKE HAVASU CITY AZ 86403 City, State, Zip									
<b>Business Phone:</b> ( 92830 ) 29547	<b>Business Fax:</b> (optional) (       )									
<b>Business Owner:</b> (if an individual, list full name. If a company, list exact company name as set forth in organizational documents and list individual applicants below.)		<b>Business Type:</b> (please check one) <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other (specify) _____								
<b>If a company:</b> Please list the name and title of all persons listed on your State Bingo application. Each individual will need to be fingerprinted and provide us with a copy of their State Bingo Affidavit.										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Name</th> <th style="width: 50%;">Title</th> </tr> <tr> <td>FRANKI LYONS - PRESIDENT</td> <td></td> </tr> </table>	Name	Title	FRANKI LYONS - PRESIDENT		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Name</th> <th style="width: 50%;">Title</th> </tr> <tr> <td>MARY SEAY - BOARD MEMBER</td> <td></td> </tr> </table>		Name	Title	MARY SEAY - BOARD MEMBER	
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Name	Title									
JASON ADAMS - BOARD MEMBER										
Name	Title									
<b>I swear under penalty of law that I have read the foregoing application and that all the information and statements made herein are true and correct.</b>										
<div style="display: flex; justify-content: space-between;"> <div style="width: 35%;">           Applicant Signature       </div> <div style="width: 30%; text-align: center;"> <u>CEO</u>          Title       </div> <div style="width: 30%; text-align: center;"> <u>23 SEPT 2022</u>          Date       </div> </div>										
<b>STAFF USE ONLY</b>										
<input type="checkbox"/> <b>Recommended for Approval</b> <input type="checkbox"/> <b>Recommended for Disapproval</b> _____ Local Governing Body _____ Date	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved _____ <input type="checkbox"/> Planning <input type="checkbox"/> Police _____ Date	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Response due:</b>          _____       </div> <div style="border: 1px solid black; padding: 5px;"> <b>Attach memo for disapproval</b> </div>								
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>Staff initials:</b> </div>										

- 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 live bingo games, you must renew your license prior to the expiration date pursuant to A.R.S. §§ 5-403(C) and 5-410.

<b>1 Applicant's Name</b> VETERANS UNITED		
<b>2a Mailing Address</b> 1990 MCCULLOCH BLVD D#186		
<b>2b City</b> LAKE HAVASU CITY	<b>State</b> AZ	<b>ZIP Code</b> 86403
<b>3a Administrative Office Location</b> 1990 MCCULLOCH BLVD D#186		
<b>3b City</b> LAKE HAVASU CITY	<b>State</b> AZ	<b>ZIP Code</b> 86403
<b>4a Name of Contact Person</b> MARY SEAY	<b>4b Telephone No.</b> FRANKIE LYONS	
<b>4c E-mail Address</b> [REDACTED]		

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

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88

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:*

<b>6a Parent Name</b>	<b>6b Auxiliary Name</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

**7 Class B and Class C license applicants only** applying as a qualified organization, *list the current officers or Board of Directors of the organization:*

<b>7a Name</b> FRANKI LYONS	<b>7b Name</b> JASON ADAMS
<b>Title</b> PRESIDENT	<b>Title</b> BOARD MEMBERS
Address – Number and Street, Rural Rt., Apt. No. 1990 MCCULLOCH BLVD D#186	Address – Number and Street, Rural Rt., Apt. No. 1990 MCCULLOCH BLVD D#186
City State ZIP Code LAKE HAVASU CITY AZ 86403	City State ZIP Code LAKE HAVASU CITY AZ 86403
<b>7c Name</b> MARY SEAY	<b>7d Name</b>
<b>Title</b> BOARD MEMBER AT LARGE	<b>Title</b>
Address – Number and Street, Rural Rt., Apt. No. [REDACTED]	Address – Number and Street, Rural Rt., Apt. No.
City State ZIP Code [REDACTED]	City State ZIP Code

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

Checking Account Number [REDACTED]	Bank Name [REDACTED]	Bank Branch
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Continued on page 2 →

Applicant's Name (as shown on page 1)

VETERANS UNITED

## APPLICATION FOR BINGO LICENSE

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

Account Number	Bank Name	Bank Branch
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**10 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:

<b>10a Name</b> FRANKI LYONS	<b>10b Name</b> MARY SEAY
Title PRESIDENT	Title BOARD MEMBER

**11** 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.*

<b>11a Name</b> MARY SEAY	<b>11b Name</b>
Title BOARD MEMBER	Title

**12** 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 FRANKI LYONS	Title PRESIDENT
----------------------	--------------------

**13** 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. If additional names are required, please attach affidavits.*

<b>13a Name</b> JASON ADAMS	<b>13b Name</b>
Title BOARD MEMBER	Title

**14** 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.*

<b>14a Name</b>	<b>14b Name</b>
<b>14c Name</b>	<b>14d Name</b>

**15** Street address of the **PHYSICAL** location where live bingo will be played:

5601 N. Hwy 95 Unit F-600 LHC AZ 86403 WinWin Bingo

**16** Games of Bingo must not exceed 5 days a week. Indicate the time on each respective day that live bingo will be played:

SUN	MON	TUE	WED	THUR	FRI	SAT
<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input checked="" type="checkbox"/> a.m.	<input checked="" type="checkbox"/> a.m.	<input checked="" type="checkbox"/> a.m.	<input checked="" type="checkbox"/> a.m.	<input checked="" type="checkbox"/> a.m.
<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	10-10 <input type="checkbox"/> p.m.	10-10 <input type="checkbox"/> p.m.	10-10 <input type="checkbox"/> p.m.	10-10 <input type="checkbox"/> p.m.	10-10 <input type="checkbox"/> p.m.

Continued on page 3 →

17 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

18 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:

<b>18a Name</b> VFW #6306	<b>18b Name</b> CLOTHES CLOSET
Address – Number and Street, Rural Rt., Apt. No.	Address – Number and Street, Rural Rt., Apt. No.
City State ZIP Code	City State ZIP Code

Continued on page 4 ➔

## 19 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: \$50.00 per MONTH

Payable to 4 LINKS	Address – Number and Street, Rural Rt., Apt. No. 5601 N. HWY 95 UNIT 600		
Telephone number (with area code) (928) 486-9878	City LAKE HAVASU CITY	State AZ	ZIP Code 86404

## 20 Who is your live bingo supplier? (For all bingo supplies). Do you foresee purchasing/renting machines as "technological aids for your live bingo games?"

4-LINKS

Continued on page 5 →

Applicant's Name (as shown on page 1)

VETERANS UNITED

APPLICATION FOR BINGO LICENSE

I, **FRANKI LYONS**, 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.

Frankie Lyons Sept 23-22 PRESIDENT  
APPLICANT'S SIGNATURE DATE TITLE

Please mail to:  
Arizona Department of Revenue  
1600 W Monroe Street, Division Code 22  
Phoenix, AZ 85007  
☎ (602) 716-7801

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		

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.  
A.R.S. §§ 5-409 and 5-410

☒ New Application☐ Change of Location

Date

License Number

From (Name of local governing body)

Address (number and street, PO Box)

City

State

ZIP Code

Phone No. (with area code)

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

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80 RCVD

- 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

VETERANS UNITED ARIZONA

3 Location/Address where live bingo will be conducted:

5601 N. HWY 95 UNIT F-600

City

LAKE HAVASU CITY

State

AZ

ZIP Code

86404

4 Fill in the time on the days live bingo will be played:

SUN	MON	TUE	WED	THUR	FRI	SAT
<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input checked="" type="checkbox"/> a.m.	<input checked="" type="checkbox"/> a.m.	<input checked="" type="checkbox"/> a.m.	<input checked="" type="checkbox"/> a.m.	<input checked="" type="checkbox"/> a.m.
<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	10-10 <input type="checkbox"/> p.m.	10-10 <input type="checkbox"/> p.m.	10-10 <input type="checkbox"/> p.m.	10-10 <input type="checkbox"/> p.m.	10-10 <input type="checkbox"/> p.m.

5 Who is your live bingo supplier?

4-LINKS / CACTUS BINGO SUPPLY

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  
 1600 W Monroe Street, Division Code 22  
 Phoenix, AZ 85007

☎ (602) 716-7801

**Arizona Form  
830****Affidavit****Bingo**

This affidavit must be completed by each person who wishes to assist in the conduct of any game of bingo. If any information is blank or incorrect, the affidavit will be returned to you. All information is subject to verification. Disclosure of your Social Security Number (SSN) is voluntary. This information may be used to establish positive identification for purposes of criminal background checks pursuant to A.R.S. § 5-404.

Licensee's Name <b>VETERANS UNITED</b>		License Number	
Position (check the appropriate boxes): <input checked="" type="checkbox"/> Manager <input type="checkbox"/> Supervisor <input type="checkbox"/> Proceed Coordinator <input type="checkbox"/> Assistant		REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88          81 PM 80 RCVD	
Affiant's Name <b>FRANKI LYONS</b>			
Social Security Number [REDACTED]	Date of Birth [REDACTED]		
Address <b>1990 MCCULLOCH BLVD D#186</b>			
City <b>LAKE HAVASU CITY</b>	State <b>AZ</b>		
Home Phone No. (with area code) [REDACTED]		Work Phone No. (with area code)	

If licensee is a qualified organization, complete the following section:

Member? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Joined Organization
Officers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Officer Title
Do you have an affidavit on file for any other licensee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", list license number(s):	

I, **FRANKI LYONS**, the above-named affiant, under penalty of perjury, upon oath, depose and say that I will conduct or assist in conducting all bingo games in compliance with the terms of the license, Arizona Revised Statutes, Title 5, Chapter 4, and the rules of the licensing authority. I am of good moral character and have never been convicted of any misdemeanor involving moral turpitude or felony. I have not and shall not receive any reward, compensation or recompense for my participation in the conduct of bingo games except as provided for by law. I hereby swear or confirm that I have read and understand the foregoing and verify that the information and statements made herein are true and correct to the best of my knowledge.

*Franki Lyons CEO*  
Signature of Affiant

*Sept 23, 22*  
Date

Please mail to:  
Arizona Department of Revenue  
1600 W Monroe Street, Division Code 22  
Phoenix, AZ 85007

☎ (602) 716-7801