

- 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 Havasu Masonic Lodge No. 64		
2a Mailing Address P.O. Box 1775		
2b City Lake Havasu City	State AZ	ZIP Code 86405
3a Administrative Office Location 2901 Chemehuevi Blvd.		
3b City Lake Havasu City	State AZ	ZIP Code 86406
4a Name of Contact Person Philip Avery	4b Telephone No. [REDACTED]	
4c E-mail Address havasulodge@gmail.com	4c Fax No. [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:
- | | | | |
|-------------------------------------|--|---|--|
| <input type="checkbox"/> Charitable | <input type="checkbox"/> Social | <input type="checkbox"/> Religious | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Fraternal | <input type="checkbox"/> Volunteer Fire Department | <input type="checkbox"/> Homeowners Association | <input type="checkbox"/> 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

Continued on page 2 →

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

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

Checking Account Number [REDACTED]	Bank Name [REDACTED]	Bank Branch [REDACTED]
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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 <u>Christopher Rolando</u>	12b Name
Title <u>Senior Warden</u>	Title
Address – Number and Street, Rural Rt., Apt. No.	Address – Number and Street, Rural Rt., Apt. No.
City State ZIP Code <u>Lake Havasu City AZ</u>	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 <u>Drake Finney</u>	Address – Number and Street, Rural Rt., Apt. No. [REDACTED]
Title <u>Treasurer</u>	City State ZIP Code <u>Lake Havasu City AZ 86403</u>

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 <u>Philip Avery</u>	14b Name <u>Keith McCormack</u>
Title <u>Secretary</u>	Title <u>Master</u>
Address – Number and Street, Rural Rt., Apt. No. [REDACTED]	Address – Number and Street, Rural Rt., Apt. No. [REDACTED]
City State ZIP Code <u>Lake Havasu City AZ 86404</u>	City State ZIP Code <u>Lake Havasu City AZ 86403</u>
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)

Havasu Masonic Lodge No. 64

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.*

15a Name Douglas McEdwards	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:

186 London Bridge Rd. Lake Havasu City, AZ 86403

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

SUN	MON	TUE	WED	THUR	FRI	SAT
<input type="checkbox"/> a.m.	<u>2X/mo</u> <input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.
<input type="checkbox"/> p.m.	<u>6:00</u> <input checked="" type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.

- 18 List dates of proposed game cancellation if any:

- 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.*

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

Continued on page 4 →

Applicant's Name (as shown on page 1)

Havasu Masonic Lodge No. 64

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 Knights of Columbus	20b Name
Address – Number and Street, Rural Rt., Apt. No. 186 London Bridge Rd.	Address – Number and Street, Rural Rt., Apt. No.
City State ZIP Code Lake Havasu City AZ 86403	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: \$200.00 per Month

Payable to	Address – Number and Street, Rural Rt., Apt. No.
Cactus Bingo Supply	3210 E. Roeser Rd. #15
Telephone number (with area code)	City State ZIP Code
(800) 544-0984	Phoenix AZ 85040

Line 21 continues on page 5 →

Applicant's Name (as shown on page 1)

Havasu Masonic Lodge No. 64

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:

Lodge expenses and charities

I, Christopher Rolando, 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.

APPLICANT'S SIGNATURE

DATE

Senior Warden
TITLE

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

☎ (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 Arizona Revised Statutes § 5-404.

Licensee's Name Havasu Masonic Lodge No. 64		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.	
Affiant's Name Chrisopher Rolando		88	
Social Security Number	Date of Birth		
Address			
City	State	ZIP Code	
Lake Havasu City	AZ	86406	
Home Phone No. (with area code)	Work Phone No. (with area code)	81 PM	80 RCVD

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

Member? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Joined Organization 0 8 2 4 2 0 1 0
Officers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Officer Title Senior Warden
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, Chrisopher Rolando AFFIANT'S NAME, 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.

Signature of Affiant

Date

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

☎ (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 Arizona Revised Statutes § 5-404.

Licensee's Name HAVASU MASOPIC LODGE #64		License Number	
Position (check the appropriate boxes): <input type="checkbox"/> Manager <input checked="" type="checkbox"/> Supervisor <input type="checkbox"/> Proceed Coordinator <input type="checkbox"/> Assistant		REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
Affiant's Name KEITH J. MCCORMACK		88	
Social Security Number	Date of Birth		
Address			
City LAKE HAVASU CITY	State AZ	ZIP Code 86403	
Home Phone No. (with area code)	Work Phone No. (with area code)	81 PM	80 RCVD

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

Member? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Joined Organization 01/09/2010
Officers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Officer Title MASTER
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, **KEITH J. MCCORMACK**, 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.


Signature of Affiant

7-17-14
Date

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

☎ (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 Arizona Revised Statutes § 5-404.

Licensee's Name <i>Havasah Masonic Lodge #64</i>		License Number	
Position (check the appropriate boxes): <input type="checkbox"/> Manager <input type="checkbox"/> Supervisor <input checked="" type="checkbox"/> Proceed Coordinator <input type="checkbox"/> Assistant		REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
Affiant's Name <i>Drake Ryan Finney</i>		88	
Social Security Number [REDACTED]	Date of Birth [REDACTED]		
Address [REDACTED]			
City <i>Lake Havasu City</i>	State <i>Arizona</i>	ZIP Code <i>86403</i>	
Home Phone No. (with area code) [REDACTED]	Work Phone No. (with area code) [REDACTED]	81 PM	80 RCVD

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

Member? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Joined Organization <i>01/08/2013</i>
Officers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Officer Title <i>Treasurer</i>
Do you have an affidavit on file for any other licensee? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", list license number(s):	

I, *Drake Ryan Finney*, 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.

Signature of Affiant

Date

7/17/14

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

(602) 716-7801

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 Arizona Revised Statutes § 5-404.

Licensee's Name HAVASCA MASONIC LODGE #64		License Number	
Position (check the appropriate boxes): <input type="checkbox"/> Manager <input checked="" type="checkbox"/> Supervisor <input type="checkbox"/> Proceed Coordinator <input type="checkbox"/> Assistant		REVENUE USE ONLY. DO NOT MARK IN THIS AREA. <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">88</div> <div style="display: flex; justify-content: space-between; margin-top: 100px;"> <div style="border: 1px solid black; padding: 2px;">81</div> PM <div style="border: 1px solid black; padding: 2px;">80</div> RCVD </div>	
Affiant's Name PHILIP F. AVERY			
Social Security Number	Date of Birth		
Address			
City LAKE HAVASCA CITY	State AZ		
Home Phone No. (with area code)		Work Phone No. (with area code) N/A	

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

Member? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Joined Organization 12/1/2001
Officers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Officer Title SECRETARY
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, PHILIP F. AVERY AFFIANT'S NAME, 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.

Signature of Affiant

Date

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

☎ (602) 716-7801

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 Arizona Revised Statutes § 5-404.

Licensee's Name HAVASU MASONIC LODGE #64		License Number	
Position (check the appropriate boxes): <input type="checkbox"/> Manager <input type="checkbox"/> Supervisor <input type="checkbox"/> Proceed Coordinator <input checked="" type="checkbox"/> Assistant		REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
Affiant's Name DOUGLAS M⁰ EDWARDS		88	
Social Security Number [REDACTED] Date of Birth [REDACTED]			
Address [REDACTED]			
City LAKE HAVASU CITY	State AZ	ZIP Code 86403	
Home Phone No. (with area code) [REDACTED]	Work Phone No. (with area code) [REDACTED]	81 PM	80 RCVD

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

Member? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Joined Organization 09.01.2007
Officers? <input type="checkbox"/> Yes <input checked="" 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, **DOUGLAS M⁰ EDWARDS**, 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.

Signature of Affiant

Date

7/17/14

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

(602) 716-7801

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.

☐ New Application☐ Change of Location

Date

MM/DD/YYYY

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.

88

81 PM

80 RCVD

- 1 This is to certify that on MM/DD/YYYY 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

3 Location/Address where games will be conducted:

City

State

ZIP Code

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"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.
<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> 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