Arizona Form 833

Application for Bingo License

- 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.

Havasu Masonic Lodge No. 64 a Mailing Address P.O. Box 1775 b City State ZIP Code Lake Havasu City AZ 86405 a Administrative Office Location 2901 Chemehuevi Blvd. b City State ZIP Code Lake Havasu City AZ 86406 a Name of Contact Person Philip Avery contained in this application constitutes a Class 6 felony. REVENUE USE ONLY. DO NOT MARK IN THIS AREA. REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88 AZ 86406 AZ 86406 AD Telephone No.	Applicant's Name				Fa	Isification	of information	
P.O. Box 1775 Lake Havasu City AZ 86405 State ZIP Code Administrative Office Location 2901 Chemehuevi Blvd. Lake Havasu City AZ 86406 A Manne of Contact Person Philip Avery E-mail Address havasulodage@amail.com Scala Religious Veterans Address 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 Veterans Veterans Fraternal Volunteer Fire Department Homeowners Association Nonprofit Ambulance Service Cass B and Class C license applicants only applying as a qualified organization, provide parent or auxiliary information: Religious Veterans Veterans Fraternal Volunteer Fire Department Homeowners Association Nonprofit Ambulance Service Cass B and Class C license applicants only applying as a qualified organization, provide parent or auxiliary information: Religious Veterans Veterans Fraternal Volunteer Fire Department Homeowners Association Nonprofit Ambulance Service Cass B and Class C license applicants only applying as a qualified organization, provide the date the organization was established in Artzona: Jack Poole City State ZiP Code City State ZiP Code 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 City State ZiP Code City State ZiP Code City State ZiP Code City State ZiP Code Continued on page 2	Havasu Masonic Lodge No. 64 Za Mailing Address				11			
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DB01 Chemehuevi Blvd. b City State ZIP Code Lake Havasu City AZ 86406 a Name of Contact Person PMIID Avery c E-mail Address Navasulodge@gmail.com State ZIP Code	Lake Havasu City		AZ 864	05	88			
California Ca								
a Name of Contact Person Philip Avery E-mail Address Ac Fax No. Bil PM Bil PM Bil PM	Bb City		State ZIP (Code				
Philip Avery c E-mail Address C Class B and Class C license applicants only: If applying as a qualified organization, check one box to indicate the type of organization: Charitable	Lake Havasu City							
Service Act			4b Telephone	NO.				
Title Name State ZIP Code City S	Frilip Avery 4c E-mail Address	J	4c Fax No.		81 PM	vI	80 RCVD	
organization:	havasulodge@gmail.com							
organization:								
Charitable Social Religious Veterans 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. City State ZIP Code City State ZIP Code Class B and Class C license applicants only applying as a qualified organization, provide the date the organization was established in Arizona:	- -	icants only:	If applying as a	qualified o	rganization, ch	eck one box to	indicate the type of	
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6 Class B and Class C license applicants only applying as a qualified organization, provide parent or auxiliary information: 6a Parent Name Address – Number and Street, Rural Rt., Apt. No. City State ZIP Code City State ZIP Code City State ZIP Code Class B and Class C license applicants only applying as a qualified organization, provide the date the organization was established in Arizona: State Stat	-			•	ers Association			
Sa Parent Name			•			•		
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7 Class B and Class C license applicants only applying as a qualified organization, provide the date the organization was established in Arizona:	Address - Number and Street, Rural R	t., Apt. No.		Address - I	Number and Stre	Street, Rural Rt., Apt. No.		
7 Class B and Class C license applicants only applying as a qualified organization, provide the date the organization was established in Arizona:	City	Chata 711	2 Codo	City			to ZID Code	
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Address – Number and Street, Rural Rt., Apt. No. City State ZIP Code City State ZIP Code 8d Name Title Title Address – Number and Street, Rural Rt., Apt. No. Address – Number and Street, Rural Rt., Apt. No. Address – Number and Street, Rural Rt., Apt. No. City State ZIP Code City State ZIP Code City State ZIP Code Continued on page 2 → REVENUE USE ONLY. DO NOT MARK IN THIS AREA. □ Approved □ Class B License □ Class C License	and the second s	nounce only	applying as a qui		Theaton, not an	ourron omoc	no or the organization.	
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City State ZIP Code City State ZIP Code Continued on page 2 → REVENUE USE ONLY. DO NOT MARK IN THIS AREA. □ Approved □ Disapproved □ Class A License □ Class B License □ Class C License	Title			Title				
Continued on page 2 → REVENUE USE ONLY, DO NOT MARK IN THIS AREA. □ Approved □ Disapproved □ Class A License □ Class B License □ Class C License	Address – Number and Street, Rural R	t., Apt. No.		Address –	Number and Stre	et, Rural Rt., Ap	ot. No.	
REVENUE USE ONLY. DO NOT MARK IN THIS AREA. Approved Disapproved Class A License Class B License Class C License	City	State ZII	P Code	City		Sta	ate ZIP Code	
REVENUE USE ONLY. DO NOT MARK IN THIS AREA. Approved Disapproved Class A License Class B License Class C License							Continued on page 2	
Approved Disapproved Class A License Class B License Class C License		DEVENIE I	ISE ONLY DO NO	T MADE IN	THIS ADEA			
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Checking Account Number	Bank Name	Bank Branch	
lass B and Class C license	applicants only: Bingo interest-bear	ring account information:	
Account Number	Bank Name	Bank Branch	

11a Name		11b Name	
Title		Title	
Address – Number and S	treet, 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		Title						
Christopher Rolando Title	4							
Senior Warden Address – Number and Street,	Rural Rt., Apt. No.	Address – Number and Street, Rural Rt., Apt. No.						
City	State ZIP Code	City	State ZIP Code					
Lake Havasu Citv	AZ							

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, Ru	ral Rt., Apt. No).
Drake Finney			
Title	City	State	ZIP Code
Treasurer	Lake Havasu City	AZ	86403

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.

		14b Name						
		Keith McCormack Title Master						
Rural Rt., Apt. No.		Address – Number and Street,	Rural Rt., Apt. No).				
State	7ID Code	Cifby	State	ZIP Code				
		1 *						
AZ	80404		AZ	86403				
		14d Name						
, <u>, , , , , , , , , , , , , , , , , , </u>		Title						
Rural Rt., Apt. No.		Address – Number and Street, Rural Rt., Apt. No.						
State	ZIP Code	City	State	ZIP Code				
	State AZ Rural Rt., Apt. No.	AZ 86404 Rural Rt., Apt. No.	Keith McCormack Title Master Rural Rt., Apt. No. State ZIP Code AZ 86404 Lake Havasu City 14d Name Title Rural Rt., Apt. No. Address – Number and Street,	Keith McCormack Title Master Rural Rt., Apt. No. State ZIP Code City State AZ 86404 Lake Havasu City AZ 14d Name Title Rural Rt., Apt. No. Address – Number and Street, Rural Rt., Apt. No.				

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						nts. If applying as a qualified organization, each person must be a ass A" licensees, each person must submit an affidavit.								
		a Nar				15b Name								
			as McEdv	vards										
	150	Nar	ne			15d Name								
	15e	e Nar	ne			15f Name)							
	150	g Nar	me			15h Name	2							
	<u>18</u>	16 Lo	ondon Bri	the physical location v	su City, AZ 8640	03								
17	Indi		the time o	on each respective da	y that bingo will be TUE	e played: WED	THUR	FRI	SAT					
			☐a.m.	ZX/MO □a.m.	☐a.m.	□a.m.	□a.m.	☐a.m.	☐a.m					
			p.m.	<u>.6:00</u> <u>,⊠</u> p.m. ∟	p.m. L	p.m.	p.m.	p.m.	p.m					
19	Ind	licate	the type o	of premises where bin	go will be played.	Check one box:		y						
	a			nt nor mortgage will be										
	b	الل	Rented or Landlord's	leased. Attach rental	апідачіт апа сору		ern. s – Number and Stree	et Rural Rt Ant No.						
			Landiolos	Name		Addies	- Harriber and Otte	or, reduction, specific						
			Telephone	Number (with area code)	City		State	ZIP Code					
	С			ed document:	n. <i>Attach <u>copy</u> of</i>		gage, deed of trust, purchase agreement, escrow agreement, or Address – Number and Street, Rural Rt., Apt. No.							
			Holder of IV	nongage		Address	5 - Number and Otter	st, Rurai Rt., Apt. Ro.	•					
			Telephone	Number (with area code)	City		State	ZIP Code					
	d		-	ntly with other organiz	ration. Attach <u>co</u> p									
			1) Holder	of Mortgage		Addres	s – Number and Stree	et, Rural Rt., Apt. No	•					
			Telephone	Number (with area code)	City		State	ZIP Code					
			2) Co-Owr	or Holder		Address – Number and Street, Rural Rt., Apt. No.								
			2, 00-0111	iei i ioidei.		,		,						

Continued on page 4 →

ZIP Code

State

3) Co-Owner Holder:

Telephone Number (with area code)

City

Address - Number and Street, Rural Rt., Apt. No.

pplica	ant's Name (as shown on page 1)										
avas	su Masonic Lodge No. 64				APPLICATION	FOR BINGO LICENS					
	·										
	ist bingo licensees who are or wi eet of your premises:	Il be cond	lucting bingo in the	e same premises as	s you and those licensees	located within 1,000					
	20a Name			20b Name							
- 1				ZOD ITALIIC							
A	Knights of Columbus Address – Number and Street, Rural	Rt., Apt. No	0.	Address - Numb	ber and Street, Rural Rt., Apt.	No.					
1	186 London Bridge Rd.										
	City	State	ZIP Code	City	State	e ZIP Code					
L	ake Havasu City	AZ	86403								
4 =											
(1 E.	expected bingo expenses:										
а	Mortgage: \$		per month								
_	Payable to			Address - Nur	mber and Street, Rural Rt., Ap	ot. No.					
						,					
	Telephone number (with area cod	ie)		City	Sta	ate ZIP Code					
b	Rent: \$ <u></u>		ner 🗖 month	hour occa	ucion						
V	Payable to		_ her [] moran		mber and Street, Rural Rt., Ap	ot No					
	l ayubio to			71000000	tibol and oncog renal regres	д. 140.					
	Telephone number (with area cod	je)		City	Sta	ate ZIP Code					

_	Caritarial Campiagos C		=== ☐ month	Chaus Classe	t						
С			per [] monu	hour occas		4 412					
	Payable to			Address - Nur	mber and Street, Rural Rt., Ap	ot. No.					
	Telephone number (with area cod	de)		City	Sta	ate ZIP Code					
		·-,									
			<u> </u>	- . -							
d			per [] month	hour occas							
	Payable to			Address – Nun	mber and Street, Rural Rt., Ap	ot. No.					
	Telephone number (with area cod	10)		City	Sta	ate ZIP Code					
	Telephone number (with area woo	. ,		City	Ola	ILE LIF COUG					
	<u> </u>		 		**************************************						
е			per 🔲 month	☐ hour ☐ occas							
	Payable to			Address - Nur	mber and Street, Rural Rt., Ap	ot. No.					
	Talanta a sumbar Auith area oo	1.1									
	Telephone number (with area cod	ie)		City	Sta	ate ZIP Code					
f	Bingo Supplies: \$,200.0	0	per <u>Month</u>								
	Payable to			Address – Nur	mber and Street, Rural Rt., Ap	ot. No.					
	Cactus Bingo Supply			3210 E. Ro	eser Rd. #15						
	Telephone number (with area cod	ie)		City	Sta	ate ZIP Code					
	(800) 544-0984			Phoenix	Α7	7 85040					

Line 21 continues on page 5 →

Appl	icant	's Name (as shown on page	1)		·						
Ha۱	ası	ı Masonic Lodge No. 64	4		APPLICATION FOR	BINGO LICENSE					
21	Ex	pected Bingo Expenses, c	continued								
		· · · · · · · · · · · · · · · · · · ·				,					
	g	Maximum prize payout p	er occasion: \$	Attach game schedule that lists individual prize amounts. Address – Number and Street, Rural Rt., Apt. No.							
		Paid to		Address – Num	iber and Street, Rurai Rt., Apt. No	•					
		Telephone number (with are	ea code)	City	State	ZIP Code					
	-	I Millia - Francisco									
	h	Utility Expenses: Electric (payable to)		nber and Street, Rural Rt., Apt. No							
		Liectife (payable to)									
		Account Number	Monthly Amount \$	City	State	ZIP Code					
					Land Chart David Dt. Ant No.						
		Gas (payable to)		Address – Nun	nber and Street, Rural Rt., Apt. No						
		Account Number	Monthly Amount	City	State	ZIP Code					
		Water (payable to)		Address - Nun	nber and Street, Rural Rt., Apt. No).					
		Account Number	Monthly Amount	City	State	ZIP Code					
		Trash Removal (payable to	0)	Address - Nun	nber and Street, Rural Rt., Apt. No).					
		Account Number	Monthly Amount	City	State	ZIP Code					
22	. В.	infly state the specific pro	ejected use of net proceeds fron	n games of bingo:							
22				ii gaiiiop ogo							
	L	odge expenses and ch	anues								
					on oath, declare that I am duly	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					

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

2 (602) 716-7801

APPLICANT'S SIGNATURE

Arizona Forr	n
830	

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.

License Number	Licensee's Name							
	sonic Lodge No. 64	Havasu Masonic Lo						
		Position (check the appre						
REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	☐ Supervisor ☐ Proceed Coordinator ☐ As	Manager ☐ Supe						
		Affiant's Name						
	Chrisopher Rolando Social Security Number Date of Birth							
	Number Date of Birtin	Social Security Number						
		Address						
		Address						
ZIP Code	State	City						
		•						
86406 81 PM 80 RCVD		Lake Havasu City Home Phone No. (with an						
(with area code)	o. (with area code)	nome Phone No. (with an						
owing section:	a qualified organization, complete the following	If licensee is a qualit						
	Date Joined Organization, complete the long	Member?						
	1							
<u> </u>	No 0 8 2 4 2 0 Officer Title	Yes No Officers?						
<u>an</u>	No Senior Wards n affidavit on file for any other licensee?	Yes No						
		-						
the above-named affiant, under penalty of perjury, upon oath, depose ago games in compliance with the terms of the license, Arizona Revised authority. I am of good moral character and have never been convicted of have not and shall not receive any reward, compensation or recompense ept as provided for by law. I hereby swear or confirm that I have read ation and statements made herein are true and correct to the best of my	at I will conduct or assist in conducting all bin itle 5, Chapter 4, and the rules of the licensing a meanor involving moral turpitude or felony. I ticipation in the conduct of bingo games exceptand the foregoing and verify that the information	Statutes, Title 5, Ch any misdemeanor i for my participatio						
8/22/14								

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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	100cc #14	License Number
MAVASU MASONIC	LONGE#64	
Position (check the appropriate boxes):		
☐ Manager ☑ Supervisor ☐ Proceed C	REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
Afficario Nama		7
Affiant's Name KETH J. M CORMA	ck	
Social Security Number	Date of Birth	1
Modeless		
City	State ZIP Code	
LAKE HAVASU CITY	AZ 86403	81 PM 80 RCVD
Home Phone No. (with area code)	Work Phone No. (with area code)	
If licensee is a qualified organization, or		 ,
Member?	Date Joined Organization	
Yes No	01 09 2010	
Officers?	Officer Title	
▼Yes □ No	MASTER	
Do you have an affidavit on file for any other lic		
Yes XNo If "Yes", list license nu	ımber(s):	
I KEITH I MUCON	MACK the above-named affiant.	under penalty of perjury, upon oath, depose
AFFIANT'S NAME		
and say that I will conduct or assist in	conducting all bingo games in compliance w	ith the terms of the license, Arizona Revised
Statutes, Title 5, Chapter 4, and the rule	s of the licensing authority. I am of good mor	al character and have never been convicted of
any misdemeanor involving moral turp	itude or felony. I have not and shall not recei	ive 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
, ,		herein are true and correct to the best of my
	y and the information and surround surround	
knowledge.		
·.		
	Signature or Amanu	
	2-/7-14 Date	
	Date	

Ar	izc	na	F	ori	m	
		83	n i			

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 Havasa Masoni	c bodge #64	License Number
Position (check the appropriate boxes):		
☐ Manager ☐ Supervisor ☐ Proceed Coo	ordinator	REVENUE USE ONLY. DO NOT MARK IN THIS AREA.
Affiant's Name Drake Ryan Fir	Iney	
	Date of Birth	
Address		
Lake Havasu City	Arizona ZIP Code 86403	81 PM 80 RCVD
Home Phone No. (with area code)	Work Phone No. (with area code)	
f licensee is a qualified organization, cor	mplete the following section:	
Member?	Date Joined Organization	
Yes No	01 108 2013	
Officers?	Officer Title	
Yes ☐ No	Treasure	
Do you have an affidavit on file for any other licens	see?	
☐ Yes ☐ No If "Yes", list license num!	ber(s):	
I, Drahe Ryan F.n.		t, under penalty of perjury, upon oath, depose
and say that I will conduct or assist in co	pducting all bingo games in compliance	with the terms of the license, Arizona Revised
		oral character and have never been convicted of
•		eive any reward, compensation or recompense
		w. I hereby swear or confirm that I have read
and understand the foregoing and verify	that the information and statements mad	e herein are true and correct to the best of my
knowledge.	Signature of Affiant	
·	7/17/19	<u>/</u>
		ì

Arizona	Form
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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.

	Liconco Number
Licensee's Name	License Number
HAVASA MASONIC LODGE 464 Phairing (check the appropriate hoves):	
Position (check the appropriate boxes):	
☐ Manager Supervisor ☐ Proceed Coordinator ☐ Assistant	REVENUE USE ONLY. DO NOT MARK IN THIS AREA.
	88
Affiant's Name	
PHILLP F. AVERY	
Social Security Number Date of Birth	
Address	
City State ZIP Code	
LAKE HAVASG CITY AZ 86404	81 PM 80 RCVD
Home Phone No. (with area code) Work Phone No. (with area code)	
\mathcal{N}/\mathcal{A}	
If licensee is a qualified organization, complete the following section:	
Member? Date Joined Organization	
⊠ Yes □ No /2 / 12 00/	
Officers? Officer Title	
Yes No Sox paramy.	
Do you have an affidavit on file for any other licensee?	
Yes No If "Yes", list license number(s):	

I, APFIANT'S NAME 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.

Tilly 17,2014

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

orgnature of Affiant

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			R.					

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.

	<u> </u>		,
Licensee's Name		License Number	
PAVASU MASONIC I	10DGE #64		
Position (check the appropriate boxes):			
☐ Manager ☐ Supervisor ☐ Proceed Co	ordinator XAssistant	REVENUE USE ONLY. DO NO	T MARK IN THIS AREA.
		88	
Affiant's Name			
LOUGIAS 19 EDW	ARDS		
Social Security Number	Date of Birth		
Address			
City	State ZIP Code		
LAKE HAVASU CITY	AZ 86403	81 PM	80 RCVD
Home Phone No. (with area code)	Work Phone No. (with area code)		
If licensee is a qualified organization, co	mplete the following section:		
Member?	Date Joined Organization		
Yes ☐ No	09,01,2007		
Officers?	Officer Title .		
☐ Yes 🕅 No			
Do you have an affidavit on file for any other licer	isee?	7	
Yes No If "Yes", list license num	ber(s):		
			

I, Double Affiant'S NAME

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

Endorsement by Local Governing Body

Bingo

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.
- Date License Number New Application Change of Location From (Name of local governing body) REVENUE USE ONLY. DO NOT MARK IN THIS AREA. Address (number and street, PO Box) State ZIP Code City Phone No. (with area code) 80 RCVD 81 PM 1 This is to certify that on <u>Market Birth Art York</u> 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 State ZIP Code 3 Location/Address where games will be conducted: City 4 Fill in the time on the days games will be played: MON WED THUR FRI SAT SUN ☐a.m. ☐a.m ☐a.m. ☐a.m. □a.m. ☐a.m. ☐a.m □p.m. □p.m. □p.m. □p.m □p.m □p.m. □p.m. 5 Background investigations: ☐ have <u>not</u> been conducted on all individuals listed in the Bingo License Application. ☐ have 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.

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

TITLE

DATE

PRINTED NAME

SIGNATURE