

**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 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> Mescal Bar & Grill II LLC		
<b>2a Mailing Address</b> 600 W 4th St		
<b>2b City</b> Benson	<b>State</b> AZ	<b>ZIP Code</b> 85602
<b>3a Administrative Office Location</b> 600 W 4th St		
<b>3b City</b> Benson	<b>State</b> AZ	<b>ZIP Code</b> 85602
<b>4a Name of Contact Person</b> Amanda Salas	<b>4b Telephone No.</b> (520) 720-8050	
<b>4c E-mail Address</b> MNMSALAS@GMAIL.COM	<b>4c Fax No.</b>	

<b>Falsification of information contained in this application constitutes a Class 6 felony.</b>	
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:*

<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>	<b>7b Name</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
<b>7c Name</b>	<b>7d Name</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

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

Checking Account Number	Bank Name	Bank Branch
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Applicant's Name (as shown on page 1)

Mescal Bar & Grill II LLC

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:

10a Name	10b Name
Title	Title

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.

11a Name	11b Name
Morgan Salas	
Title	Title
Owner	

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	Title
Amanda Salas	Owner

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.

13a Name	13b Name
Amanda Salas	
Title	Title
Owner	

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.

14a Name	14b Name
14c Name	14d Name

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

70 N Cherokee Trail, Benson, AZ 85602

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 type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.
4p-2a <input checked="" type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	4p-2a <input checked="" type="checkbox"/> p.m.	4p-2a <input checked="" type="checkbox"/> p.m.	4p-2a <input checked="" type="checkbox"/> p.m.	4p-2a <input checked="" type="checkbox"/> p.m.

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Applicant's Name (as shown on page 1)  
**Mescal Bar & Grill II LLC**

**APPLICATION FOR BINGO LICENSE**

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>	<b>18b 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

*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: \$ \_\_\_\_\_ per \_\_\_\_\_

Payable to	Address – Number and Street, Rural Rt., Apt. No.		
Telephone number (with area code)	City	State	ZIP Code

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?"

Will determine upon approval - primary candidate is Cactus Bingo Supply. Foresee Technological Aids - yes

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Applicant's Name (as shown on page 1)  
Mescal Bar & Grill II LLC

**APPLICATION FOR BINGO LICENSE**

I, Reagan Wilmarth, 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

1/18/24  
DATE

Administrative Assistant  
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	