

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 <u>1/10/23</u>	License Number _____	
From (Name of local governing body) <u>Pebble Creek Tuesday Bingo</u>		REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88 81 PM 80 RCVD		
Address (number and street, PO Box) <u>3657 Club House Dr.</u>				
City <u>Goodyear</u>	State <u>AZ</u>			ZIP Code <u>85395</u>
Phone No. (with area code) <u>623-935-6181</u>				

- 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 Laura Szakacs

3 Location/Address where live bingo will be conducted: _____

City <u>Goodyear</u>	State <u>AZ</u>	ZIP Code <u>85395</u>
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- 4 Fill in the time on the days live bingo will be played:

SUN	MON	TUE	WED	THUR	FRI	SAT
☐ a.m.	☐ a.m.	☐ a.m.	☐ a.m.	☐ a.m.	☐ a.m.	☐ a.m.
☐ p.m.	☐ p.m.	<u>630</u> ☒ p.m.	☐ p.m.	☐ p.m.	☐ p.m.	☐ p.m.

3rd, 4th & 5th Tuesday of the Month

5 Who is your live bingo supplier?
Wholesale Bingo

- 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

- 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.

1 Applicant's Name Laura Szakacs	
2a Mailing Address	
2b City	State ZIP Code
3a Administrative Office Location 3657 Club House Drive	
3b City	State ZIP Code
4a Name of Contact Person	4b Telephone No.
Laura Szakacs/Bill Board	(708) 224-1330
4c E-mail Address	4c Fax No.
	623 935-6781

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:***

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, ***list the current officers or Board of Directors of the organization:***

7a Name	7b 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
7c Name	7d 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

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

Checking Account Number	Bank Name	Bank Branch
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Continued on page 2 →

Applicant's Name (as shown on page 1)

Laura Szakacs

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 Laura Szakacs	11b Name Rose Johnson
Title President	Title (231)350-8042

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
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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 Laura Szakacs	13b Name Rose Johnson
Title President	Title Vice President

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:

3645 CLUB House Drive Ballroom

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
☐ a.m.	☐ a.m.	☐ a.m.	☐ a.m.	☐ a.m.	☐ a.m.	☐ a.m.
☐ p.m.	☐ p.m.	☒ 6:30 p.m.	☐ p.m.	☐ p.m.	☐ p.m.	☐ p.m.

3rd 4th
& 5th
(Tuesday
of Each
Month)

Continued on page 3 →

Larra Szakacs

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:

18a Name	18b 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

Continued on page 4 →

Laura Szakacs

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?"

No

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Applicant's Name (as shown on page 1)

Laura Szakacs

APPLICATION FOR BINGO LICENSE

I, Laura Szakacs, 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.

Laura Szakacs
APPLICANT'S SIGNATURE

1/10/23
DATE

President
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.

☐ Approved

☐ Disapproved

☐ Class A License

☐ Class B License

☐ Class C License

Reviewer's Name (please print)

Date

License Number

Effective Date

Expiration Date

**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 <u>Pebble Creek Tuesday Bingo</u>		License Number 	
Position (check the appropriate boxes): ☒ Manager ☐ Supervisor ☐ Proceed Coordinator ☐ Assistant		REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88 81 PM 80 RCVD	
Affiant's Name <u>Laura Szakacs</u>			
Social Security Number 	Date of Birth 		
Address 			
City 	State 		
Home Phone No. (with area code) 		Work Phone No. (with area code) <u>(708) 224-4330</u>	

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

Member? ☐ Yes ☐ No	Date Joined Organization
Officers? ☐ Yes ☐ No	Officer Title
Do you have an affidavit on file for any other licensee? ☐ Yes ☐ No If "Yes", list license number(s):	

I, Laura Szakacs, 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.

Laura Szakacs
 Signature of Affiant

1/10/23
 Date

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

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