

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

MMDDYYYY

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 MMDDYYYY 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 live bingo will be conducted:

City

State

ZIP Code

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.	1:00 ☒ p.m.	☐ p.m.	☐ p.m.	6:00 ☒ p.m.	☐ p.m.	☐ p.m.

5 Who is your live bingo supplier?

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 AUNDAL MOOSE LODGE		
2a Mailing Address 1572 S COTTON HW		
2b City Goodyear	State AZ	ZIP Code 85338
3a Administrative Office Location 1572 S COTTON HW		
3b City Goodyear	State AZ	ZIP Code 85338
4a Name of Contact Person John Fournier	4b Telephone No. 623-932-4022	
4c E-mail Address Lodge20786mooseunits.org	4c Fax No.	

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

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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 AUNDAL MOOSE LODGE		6b Auxiliary Name	
Address - Number and Street, Rural Rt., Apt. No. 1572 S COTTON HW		Address - Number and Street, Rural Rt., Apt. No.	
City Goodyear	State AZ	ZIP Code 85338	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 John Fournier	7b Name Julie Hull
Title Administrator	Title Vice President
[Redacted]	
7c Name Fausto Quijada	7d Name Eric Brandt
Title President	Title Treasurer
Address - Number and Street, Rural Rt., Apt. No.	
[Redacted]	

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

Checking Account Number	Bank Name	Bank Branch
[Redacted]	[Redacted]	[Redacted]

Continued on page 2 →

Applicant's Name (as shown on page 1)

Arondale Moose Lodge

APPLICATION FOR BINGO LICENSE

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

Account Number

Bank Name

Bank Branch

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 John Fournier	10b Name ERIC BRANDT
Title Administrator	Title TREASURER

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 Jayson Mangum	11b Name Joe Halagan
Title President	Title Member

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 Zelma Miller	Title Social Quarter Mgr
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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 Kristin Taylor	13b Name Lilia Grabowski
Title Member	Title Chaplain / Member

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 Nicole Miller	14b Name Elizabeth Pfeiffer
14c Name Annmaria Plante	14d Name

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

1572 S. Cotton Lane, Goodyear, AZ 85338

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.	☐ p.m.	☐ p.m.	☒ p.m.	☐ p.m.	☒ p.m.

Continued on page 3 →

Applicant's Name (as shown on page 1)

Aurondale Moose Lodge

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:

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 →

Avondal Moose Lodge

19 Expected bingo expenses:

a Mortgage: \$ 0 per month

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

b Rent: \$ 0 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: \$ 0 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: \$ 0 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: \$ 0 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: \$ 100.00 per Month

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?"

Continued on page 5 →

Applicant's Name (as shown on page 1)

APPLICATION FOR BINGO LICENSE

I, JOHN FOURNIER, 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.

John R. Fournier 4-20-22 ADMINISTRATOR
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.

☐ 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 AVONDALE MOOSE #2078		License Number	
Position (check the appropriate boxes): ☒ Manager ☐ Supervisor ☐ Proceed Coordinator ☐ Assistant		REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 	
Affiant's Name JOHN FOURNIER			
Home Phone No. (with area code) 		Work Phone No. (with area code) 623-932 4022	81 PM
			80 RCVD

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

Member? ☒ Yes ☐ No	Date Joined Organization 04-01-2005
Officers? ☒ Yes ☐ No	Officer Title ADMINISTRATOR
Do you have an affidavit on file for any other licensee? ☒ Yes ☐ No If "Yes", list license number(s):	

I, JOHN FOURNIER, 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

4-20-22
Date

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

☎ (602) 716-7801

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Licensee's Name
JOHN R. FOURNIER

Position (check the appropriate boxes):
☒ Manager ☐ Supervisor ☐ Proceed Coordinator ☐ Assistant

License Number

Affiant's Name
JOHN R. FOURNIER

Social Security Number

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88

81 PM 80 RCVD

Work Phone No. (with area code)
623-932-4022

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

Member?
☒ Yes ☐ No

Date Joined Organization
MMDDYYYY 03-31-2005

Officers?
☒ Yes ☐ No

Officer Title
ADMINISTRATOR

Do you have an affidavit on file for any other licensee?
☒ Yes ☐ No If "Yes", list license number(s): #14070001 CLUB STATE LIQUOR

ARIZONA LOTTERY LIC # 13255
GOODYEAR LIQUOR LIC # 14070001

I, JOHN R. FOURNIER, 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.

John R Fournier
Signature of Affiant

3-1-22
Date

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 <u>Avondale Moose Lodge 2078</u>		License Number	
Position (check the appropriate boxes): ☒ Manager ☐ Supervisor ☐ Proceed Coordinator ☐ Assistant		REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88	
Affiant's Name <u>Zelma Teresa Miller</u>			
Social Security Number [REDACTED]	Date of Birth <u>1</u>		
Home Phone No. (with area code) [REDACTED]		81 PM	80 RCVD
Work Phone No. (with area code) <u>623-932-4022</u>			

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

Member? ☒ Yes ☐ No	Date Joined Organization
Officers? ☐ Yes ☐ No	Officer Title <u>Social Quarter Manager</u>
Do you have an affidavit on file for any other licensee? ☒ Yes ☒ No If "Yes", list license number(s): <u># 1407001 Club</u>	

AZ lottery Lic # 13255 stat hq.
Goodyear Kia Lic # 1407001

I, Zelma Miller, 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.

Zelma Miller
Signature of Affiant

3-1-22
Date

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

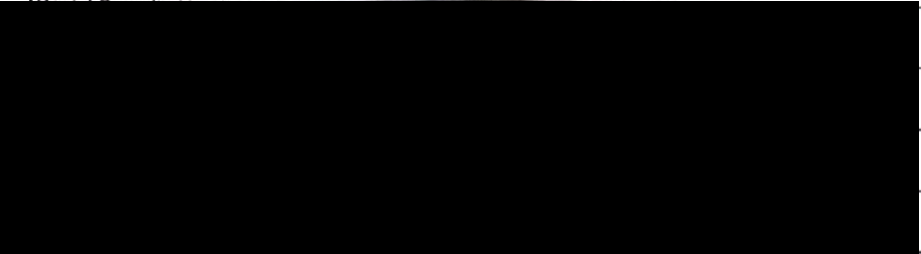
☎ (602) 716-7801

**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 <u>Clondale Moose Lodge #2078</u>		License Number	
Position (check the appropriate boxes): ☐ Manager ☒ Supervisor ☐ Proceed Coordinator ☐ Assistant		REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88	
Affiant's Name <u>Alicia Grabowski</u>		81 PM	
		80 RCVD	

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, Alicia Grabowski, 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.

Alicia Grabowski
Signature of Affiant

11/11/22
Date

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**

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Licensee's Name <u>Clondale Moose Lodge #2078</u>	License Number
Position (check the appropriate boxes): ☐ Manager ☐ Supervisor ☐ Proceed Coordinator ☒ Assistant	REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88
Affiant's Name <u>Elizabeth Pfeiffer</u>	
	81 PM 80 RCVD

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, Elizabeth Pfeiffer, 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
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 <u>Wondale Moose Lodge #2078</u>	
Position (check the appropriate boxes): ☐ Manager ☐ Supervisor ☒ Proceed Coordinator ☐ Assistant	

License Number

Affiant's Name <u>JOSEPH M. HALLIGAN</u>

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

Member? ☒ Yes ☐ No	Date Joined Organization <u>09/30/2008</u>
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, [Signature], 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

3-23-2022

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

☎ (602) 716-7801

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Licensee's Name Quondale Hopse Lodge #2078
Constance Ulviner

Position (check the appropriate boxes):
☐ Manager ☐ Supervisor ☐ Proceed Coordinator ☒ Assistant

License Number

Affiant's Name
Constance Ulviner

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88

81 PM

80 RCVD

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

Member? ☒ Yes ☐ No	Date Joined Organization <u>MMDDYYYY 2011</u>
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, Constance Ulviner, 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

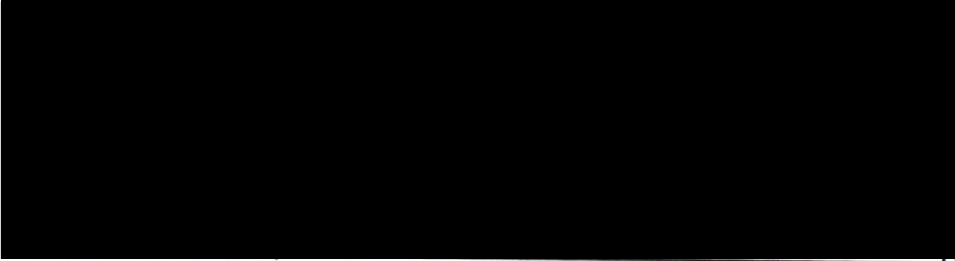
3.23-22

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**

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Licensee's Name <u>Quendale Moose Lodge #2078</u>		License Number	
Position (check the appropriate boxes): ☐ Manager ☐ Supervisor ☒ Proceed Coordinator ☐ Assistant		REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88	
Affiant's Name <u>Kristen Taylor</u>			
		81 PM	80 RCVD

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

☎ (602) 716-7801

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

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Licensee's Name <u>Quondale Moose Lodge #2078</u>	License Number
Position (check the appropriate boxes): ☐ Manager ☐ Supervisor ☐ Proceed Coordinator ☒ Assistant	REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88
Affiant's Name <u>Cinnamaria Planty</u>	
	81 PM 80 RCVD

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, Cinnamaria Planty, 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.

C. Planty
Signature of Affiant

11/11/2022
Date

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

☎ (602) 716-7801