This Application for Bingo License Packet includes:

- Arizona Form 833 — Application for Bingo License
- Arizona Form 830 — Affidavit
- Arizona Form 832 — Endorsement by Local Governing Body

It is advisable that you obtain and review a copy of the Arizona Revised Statutes on "Games of Bingo" and the Administrative Rules prior to initiating an application. These documents outline qualifications and requirements for obtaining a bingo license and may be obtained from:

- www.azleg.gov/ and
- www.azsos.gov/public_services/table_of_contents.htm

All forms must be complete and legible. *Please type or print using black ink only.* Forms are available in a fillable pdf format at Arizona Department of Revenue (ADOR) web site www.azdor.gov. Be sure to include on your application a telephone number where you (or another party responsible for the games) can be reached during the day.

The bingo license package for **new** license and appropriate fees must be sent to and approved by the local governing body (the city council for incorporated cities or the county board of supervisors for unincorporated areas) prior to submission to the ADOR Bingo Section. Upon their approval or disapproval, the local governing body will forward the license package to the ADOR Bingo Section.

Endorsement By Local Governing Body Form

Complete lines 2, 3, and 4 of *Arizona Form 832, Endorsement by Local Governing Body* and submit to your local governing body with the bingo license package. **A bingo license cannot be issued until this form is received by the ADOR Bingo Section.**

As part of the review of your application for a bingo license, the ADOR **Bingo Section will conduct an analysis of any purchase agreement for either equipment and/or real property to determine that such agreement is bona fide.** This analysis is conducted pursuant to A.R.S. 5-406.F. The Bingo Section does not "approve" these agreements as to content or other legal ramifications. You are strongly advised to consult with independent legal counsel to determine your rights and obligations under these agreements.

If you need additional forms or have any questions, please call the ADOR Bingo Section in Phoenix at (602) 716-7801.

CHECKLIST:

Send copies of all documents listed below unless otherwise noted. Before mailing, check to make sure that you have included the following:

1. ☒ **Original** completed Application for Bingo License (Arizona Form 833).
2. ☒ **Original** completed affidavits (Arizona Form 830). Class B and Class C applicants must include a completed affidavit for each person participating in the conduct of your games. Class A applicants must include a complete affidavit for each person participating as a manager, proceeds coordinator and supervisors.
3. ☐ Rental agreement if more than one licensee is using the same rented premises in which to hold bingo.
4. ☐ Application for Special Bonus Game (Arizona Form 831) available at www.azdor.gov. If you do not conduct special bonus games do not complete the application.
5. ☐ License fee payable to the Arizona Department of Revenue:

License Type	Fee
Class A	$10.00
Class B	$50.00
Class C	$200.00

6. ☐ The local governing body fee will be payable to the appropriate local governing entity:

License Type	Fee
Class A	$5.00
Class B	$25.00
Class C	$50.00

7. ☐ If applying as a **qualified organization**, a current membership list must be submitted and must indicate initial membership dates for all members of the applicant organization. Any person from any branch of the applicant who will be participating in the operation of bingo games must be included on the membership list.
8. ☐ If applying as a **qualified organization**, the following must be submitted: charter documents, articles of incorporation, corporate bylaws, articles of association, minutes of the establishment meeting, and minutes of meetings for two years (two months of each year) immediately prior to the date of application for the applicant, parent and auxiliary.
9. ☐ Purchase agreement for real property (where applicable).
10. ☐ Purchase agreement/bill of sale for bingo equipment and supplies.
11. ☐ **Original** local governing body endorsement.

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.

1 Applicant's Name: ALFRED E PERRYMAN		
2a Mailing Address: 2074 N OXFORD		
2b City: PRESCOTT VALLEY	State: AZ	ZIP Code: 86314
3a Administrative Office Location: HOAMCO 3205 LAKESIDE VILLAGE		
3b City: PRESCOTT	State: AZ	ZIP Code: 86301
4a Name of Contact Person: KIM FLORES	4b Telephone No.: 928-776-6171	
4c E-mail Address: KFLO	4c Fax No.	

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

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.
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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

Continued on page 2 →

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

Account Number	Bank Name	Bank Branch
NA		

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
NA	
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
ALFRED E PERRYMAN	
Title	Title
PRESIDENT VICTORIAN ESTATES HOA	

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
ALFRED E PERRYMAN	PRESIDENT

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
CAROL SOMERVILLE	DIANA ANDERSON
Title	Title
SECRETARY	VICE PRESIDENT ACTIVITY COMM

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
DIANE ANDERSON	PAT FOX
14c Name	**14d** Name
CAROL SOMERVILLE	

15 Street address of the **PHYSICAL** location where live bingo will be played:
1762 E BAKER PRESCOTT VALLEY AZ 86314 *

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. ☐ p.m.	☐ a.m. ☐ p.m.	☐ a.m. ☐ p.m.	☐ a.m. ☐ p.m.	☐ a.m. ☐ p.m.	☐ a.m. ☐ p.m.	☐ a.m. 2:00 ☒ p.m.

3RD SAT EACH MO

* THIS ADDRESS DOES NOT RECEIVE MAIL

Continued on page 3 →

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 NA	**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 ➔

19 Expected bingo expenses:

a Mortgage: $ NA per month

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

b Rent: $ NA 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: $ NA 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: $ NA 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: $ NA 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: $ 50.00 per 2 TIMES YR

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? NA AMAZON No

Continued on page 5 ➔

Applicant's Name (as shown on page 1)
ALFRED E PERRYMAN

APPLICATION FOR BINGO LICENSE

I, ALFRED E PERRYMAN, 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 | 10-21-2026 DATE | PRESIDENT HOA 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	License Number
ALFRED E PERRYMAN VICTORIAN ESTATES	

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

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Affiant's Name		
ALFRED E PERRYMAN		
Social Security Number [redacted]	Date of Birth [redacted]	
Address 2074 N OXFORD		
City PRESCOTT VALLEY	State AZ	ZIP Code 86314
Home Phone No. (with area code) 928 499-2995	Work Phone No. (with area code)	

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

Member?	Date Joined Organization
☒ Yes ☐ No	08-18-2008
Officers? ☒ Yes ☐ No	Officer Title PRESIDENT
Do you have an affidavit on file for any other licensee? ☐ Yes ☒ No If "Yes", list license number(s):	

I, ALFRED E PERRYMAN (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

10-21-2026
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	License Number
ALFRED E PERRYMAN VICTORIAN ESTATES	

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

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Affiant's Name		
CAROL SOMERVILLE		
Social Security Number [redacted]	Date of Birth [redacted]	
Address: 1820 E FLEET		
City: PRESCOTT VALLEY	State: AZ	ZIP Code: 86314
Home Phone No. (with area code): 562 500 0115	Work Phone No. (with area code):	

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

Member?	Date Joined Organization
☒ Yes ☐ No	09 22 2025
Officers?	Officer Title
☒ Yes ☐ No	SECRETARY

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

I, Carol Somerville (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.

Carol L Somerville
Signature of Affiant

10/23/2026
Date

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

☎ (602) 716-7801

ADOR 10327 (2/20)

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	License Number
ALFRED E PERRYMAN VICTORIAN ESTATES	

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

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Affiant's Name		
DIANE ANDERSON		
Social Security Number [redacted]	Date of Birth [redacted]	
Address: 1990 E REGENT		
City: PRESCOTT VALLEY	State: AZ	ZIP Code: 86314
Home Phone No. (with area code): 626-826-2367	Work Phone No. (with area code):	

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

Member?	Date Joined Organization
☒ Yes ☐ No	10 28 2022
Officers?	Officer Title
☒ Yes ☐ No	VICE PRESIDENT ACTIVITY Com.

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

I, Diane Anderson (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.

Diane Anderson
Signature of Affiant

10-23-26
Date

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

☎ (602) 716-7801

Arizona Form 832 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. A.R.S. §§ 5-409 and 5-410

☒ New Application ☐ Change of Location

Date 10-23-2026

License Number

From (Name of local governing body)

Address (number and street, PO Box)

City | State | ZIP Code

Phone No. (with area code)

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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: ALFRED E PERRYMAN

3 Location/Address where live bingo will be conducted: 17626 E BAKER | City: PRESCOTT VALLEY | State: AZ | ZIP Code: 86314

4 Fill in the time on the days live bingo will be played:

SUN	MON	TUE	WED	THUR	FRI	SAT
☐a.m. ☐p.m.	☐a.m. ☐p.m.	☐a.m. ☐p.m.	☐a.m. ☐p.m.	☐a.m. ☐p.m.	☐a.m. ☐p.m.	☐a.m. 2:00 ☒p.m.

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5 Who is your live bingo supplier? AMAZON

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

ADOR 10326 (2/20)