



ARIZONA DEPARTMENT OF REVENUE BINGO SECTION

Bingo License Application Packet

Enclosed is your bingo application packet including: 1) [Application for Bingo License](#); 2) [Affidavit](#); 3) [Endorsement by Local Governing Body](#).

All forms must be complete and legible. Please type or print using black ink only. Also, be sure to indicate on your application a telephone number where you (or another party responsible for the games) can be reached during the day. If you need additional forms or have any questions, please call the Bingo Section in Phoenix at (602) 716-7801.

The bingo license package for NEW license and appropriate fees must be forwarded 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 Bingo section.

As part of the review of your application for a bingo license, this Section shall 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 ARS 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.

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 purchased from:

Endorsement By Local Governing Body

Fill in lines 2, 3 and 4 on the *Endorsement By Local Governing Body* form and submit it to your local governing body. Upon their approval, they will return the form to the Bingo Section. A bingo license cannot be issued until we receive this form.

CHECKLIST

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

1. Completed application. (original)
2. Complete affidavits. Class B and Class C applicants must include a completed affidavit for each person participating in the conduct of your games. Class A applicants shall include a complete affidavit for each person participating as a manager, proceeds coordinator and supervisors. (originals)
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. If you do not conduct special bonus games do not complete the application.
5. The license fee shall be payable to the Arizona Department of Revenue.
 - Class A: \$ 10.00
 - Class B: \$ 50.00
 - Class C: \$200.00

- A. The local governing body fee shall be payable to the appropriate local governing entity..
- Class A: \$ 5.00
 - Class B: \$25.00
 - Class C: \$50.00
8. If applying as a **qualified organization**, a current membership list shall be submitted. Current membership list shall indicate initial membership dates for all members of the applicant organization. Any person from any branch of the applicant who shall be participating in the operation of bingo games shall be included on the membership list.
9. If applying as a **qualified organization**, the following shall be submitted: charter documents, articles of incorporation, corporate bylaws, articles of association, minutes of the establishment meeting, and minutes of meetings for two years immediately prior to the date of application for the applicant, parent and auxiliary.
10. Purchase agreement for real property where applicable.
11. Purchase agreement/bill of sale for bingo equipment and supplies.
12. Local governing body endorsement. **(original)**



Arizona Department of Revenue • Bingo Section

Phoenix: (602) 716-7801

APPLICATION FOR BINGO LICENSE

Complete all information on this form. If you do not complete all information, your application will be returned. All information is subject to verification. If you need more space, attach additional sheets.

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

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.

For Department of Revenue Use Only
Form with fields for REVIEWER'S NAME, DATE, License Classification (Class A, B, C), LICENSE NUMBER, and TERM OF LICENSE (From, To).

Type or print in black ink.

Form with fields for APPLICANT'S NAME, TELEPHONE NUMBER WITH AREA CODE, ADMINISTRATIVE OFFICE LOCATION, MAILING ADDRESS, CITY, STATE, ZIP CODE.

5 Class B and Class C license applicants only: If applying as a qualified organization, indicate the type of organization:

Check one box:

- Charitable, Social, Religious, Veterans, Fraternal, Volunteer Fire Department, Homeowners Association, Nonprofit Ambulance Service

6 Class B and Class C license applicants only: If applying as a qualified organization, give the name and address of your one parent or auxiliary:

Form with fields for PARENT and AUXILIARY, including ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO., CITY, STATE, ZIP CODE.

7 Class B and Class C license applicants only: If applying as a qualified organization, indicate the date your organization was established in Arizona:

8 Class B and Class C license applicants only: If applying as a qualified organization, list current officers:

NAME 8a	NAME 8b
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
NAME 8c	NAME 8d
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

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

Checking Account Number: _____

Bank Name and Branch: _____

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

Account Number: _____

Bank Name and Branch: _____

11 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:

NAME 11a	NAME 11b
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

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.*

NAME 12a	NAME 12b
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

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, RURAL RT., APT. NO.
TITLE	CITY STATE ZIP CODE

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.*

NAME 14a	NAME 14b
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
NAME 14c	NAME 14d
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

15 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.*

NAME 15a	NAME 15b
NAME 15c	NAME 15d
NAME 15e	NAME 15f
NAME 15g	NAME 15h

16 Street address of the physical location where bingo will be played:

17 Indicate the time on each respective day that bingo will be played:

Monday: _____ AM PM Friday: _____ AM PM

Tuesday: _____ AM PM Saturday: _____ AM PM

Wednesday: _____ AM PM Sunday: _____ AM PM

Thursday: _____ AM PM

18 List dates of proposed game cancellation if any:

19 Indicate the type of premises where bingo will be played. *Check one box (line 19 continues on page 4):*

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, etc..*

HOLDER OF MORTGAGE	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
TELEPHONE NUMBER WITH AREA CODE	CITY STATE ZIP CODE

19d Owned jointly with other organization. *Attach copy of mortgage, deed of trust, purchase agreement, escrow agreement, etc..*

HOLDER OF MORTGAGE 1)	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
TELEPHONE NUMBER WITH AREA CODE	CITY STATE ZIP CODE
CO-OWNER HOLDER: 2)	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
TELEPHONE NUMBER WITH AREA CODE	CITY STATE ZIP CODE
CO-OWNER HOLDER: 3)	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
TELEPHONE NUMBER WITH AREA CODE	CITY STATE ZIP CODE

20 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.

NAME 20a	NAME 20b
ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
CITY STATE ZIP CODE	CITY STATE ZIP CODE

21 Expected bingo expenses (*line 21 continues on page 5*):

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



Arizona Department of Revenue • Bingo Section

1600 West Monroe, Phoenix, AZ 85007 • (602) 716-7801

AFFIDAVIT

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 is voluntary. This information may be used to establish positive identification for purposes of criminal background checks pursuant to Arizona Revised Statutes, §5-404.

Please type or print in black ink.

LICENSEE'S NAME		LICENSE NUMBER
POSITION Check the appropriate boxes: <input type="checkbox"/> Manager <input type="checkbox"/> Supervisor <input type="checkbox"/> Proceed Coordinator <input type="checkbox"/> Assistant		
AFFIANT'S NAME		SOCIAL SECURITY NO.
ADDRESS		DATE OF BIRTH
CITY	STATE	ZIP CODE
HOME PHONE NO. (with area code)	WORK PHONE NO. (with area code)	

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

MEMBER? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE JOINED ORGANIZATION
OFFICERS? <input type="checkbox"/> Yes <input type="checkbox"/> No	OFFICER TITLE
DO YOU HAVE AN AFFIDAVIT ON FILE FOR ANY OTHER LICENSEE? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", list license number(s):	

I, _____, 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.

AFFIANT'S NAME

SIGNATURE OF AFFIANT

DATE



Arizona Department of Revenue • Bingo Section

Phoenix: (602) 716-7801

ENDORSEMENT BY LOCAL GOVERNING BODY

For Official Use Only

To be completed by the local governing body and returned to the Bingo Section pursuant to ARS §5-404.A.

- checkbox New Application checkbox Change of Location

Form with fields: LICENSE #, DATE, FROM (NAME OF LOCAL GOVERNING BODY), ADDRESS - NUMBER AND STREET, PO BOX, TELEPHONE NUMBER WITH AREA CODE, CITY, STATE, ZIP CODE

- 1. This is to certify that on [] a hearing was conducted pursuant to Arizona Revised Statute, Title 5, Chapter 4, on the:
checkbox Application for a bingo license by the following applicant
checkbox Application for a bingo license location transfer
2. Name of applicant:
3. Location/address where games will be conducted:
4. Days and times of games:
Monday: checkbox AM checkbox PM Friday: checkbox AM checkbox PM
Tuesday: checkbox AM checkbox PM Saturday: checkbox AM checkbox PM
Wednesday: checkbox AM checkbox PM Sunday: checkbox AM checkbox PM
Thursday: checkbox AM checkbox PM
5. Background investigations:
checkbox have checkbox have not been conducted on all individuals listed in the Bingo License Application.
6. Recommendation: The application be checkbox Approved checkbox Disapproved
7. Specific reasons for disapproval are hereby listed pursuant to ARS §5-404.1:

NOTE: This endorsement must be signed by a delegated authority of the local governing body.

PRINTED NAME

SIGNATURE

DATE

TITLE

Mail completed, signed form to:

Arizona Department of Revenue
Bingo Section
1600 West Monroe, Room 520
Phoenix, AZ 85007