



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:

- Original** completed Application for Bingo License (Arizona Form 833).
- 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.
- Rental agreement if more than one licensee is using the same rented premises in which to hold bingo.
- 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.
- License fee payable to the Arizona Department of Revenue:

| License Type | Fee |
|--------------|----------|
| Class A | \$10.00 |
| Class B | \$50.00 |
| Class C | \$200.00 |

- 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 |

- 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.
- 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.
- Purchase agreement for real property (where applicable).
- Purchase agreement/bill of sale for bingo equipment and supplies.
- Original** local governing body endorsement.

- 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 Scottsdale House Inc. | |
| 2a Mailing Address 4800 N. 68th St AZ 85138 | |
| 2b City Scottsdale | State ZIP Code |
| 3a Administrative Office Location Main office | |
| 3b City Scottsdale | State ZIP Code AZ 85138 |
| 4a Name of Contact Person Erin Scott | 4b Telephone No. 480-947-2292 |
| 4c E-mail Address Erin.Scott1@fsresidential.com | 4c Fax No. |

| | |
|---|---------|
| 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:
- | | | | |
|-------------------------------------|--|---|--|
| <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:*

| | |
|--|--|
| 6a Parent Name N/A | 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 N/A | 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 →

Applicant's Name (as shown on page 1)

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 | 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 Erin Scott | 11b Name |
| Title General Manager | Title |

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 Erin Scott | Title General Manager |
|--------------------|--------------------------|

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 Erin Scott | 13b Name |
| Title General Manager | Title |

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 Amy White | 14b Name |
| 14c Name | 14d Name |

15 Street address of the PHYSICAL location where live bingo will be played:
4800 N. 68th St, "Clubhouse," Scottsdale, AZ 85251

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. |
| <input type="checkbox"/> p.m. | <input type="checkbox"/> p.m. | 4-5 <input checked="" type="checkbox"/> p.m. | <input type="checkbox"/> p.m. | <input type="checkbox"/> p.m. | 5-8 <input checked="" type="checkbox"/> p.m. | <input type="checkbox"/> p.m. |

Continued on page 3 →

Applicant's Name (as shown on page 1)

Scottsdale House INC

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 N/A | 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 N/A | 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 NONE | 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 →

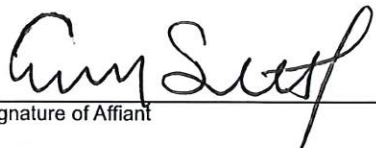
This affidavit must be completed by each person who wishes to assist in the conduct of any game of bingo. If any information is blank or incorrect, the affidavit will be returned to you. All information is subject to verification. Disclosure of your Social Security Number (SSN) is voluntary. This information may be used to establish positive identification for purposes of criminal background checks pursuant to A.R.S. § 5-404.

| | | |
|--|--|---|
| Licensee's Name Scottsdale House Inc | | License Number |
| Position (check the appropriate boxes): <input checked="" type="checkbox"/> Manager <input type="checkbox"/> Supervisor <input type="checkbox"/> Proceed Coordinator <input type="checkbox"/> Assistant | | REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88 81 PM 80 RCVD |
| Affiant's Name Erin Scott | | |
| Social Security Number | Date of Birth 01/29/1991 | |
| Address 4800 N. 68th St | | |
| City Scottsdale | State AZ | |
| Home Phone No. (with area code) 480-250-2256 | Work Phone No. (with area code) 480-947-2292 | |

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

| | |
|--|--------------------------------------|
| Member? <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Joined Organization MMDDYYYY |
| 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, **Erin Scott** 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

4-10-25

 Date

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

☎ (602) 716-7801

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 _____ License Number _____

From (Name of local governing body)
City of Scottsdale

Address (number and street, PO Box)
7447 E. Indian Rd, Suite #105

City Scottsdale State AZ ZIP Code 85251

Phone No. (with area code)
480-312-7767

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88

81 PM 80 RCVD

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
Erin Scott

3 Location/Address where live bingo will be conducted: City Scottsdale State AZ ZIP Code 85251
4800 N. 68th St

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

| SUN | MON | TUE | WED | THUR | FRI | SAT |
|-------------------------------|-------------------------------|--|-------------------------------|-------------------------------|--|-------------------------------|
| <input type="checkbox"/> a.m. | <input type="checkbox"/> a.m. | <u>4-5</u> <input type="checkbox"/> a.m. | <input type="checkbox"/> a.m. | <input type="checkbox"/> a.m. | <u>5-8</u> <input type="checkbox"/> a.m. | <input type="checkbox"/> a.m. |
| <input type="checkbox"/> p.m. | <input type="checkbox"/> p.m. | <input checked="" type="checkbox"/> p.m. | <input type="checkbox"/> p.m. | <input type="checkbox"/> p.m. | <input checked="" type="checkbox"/> p.m. | <input type="checkbox"/> p.m. |

5 Who is your live bingo supplier?
Amy White

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.

Clayton Hulth
PRINTED NAME

Clayton Hulth 6-11-2025 Planning Technician
SIGNATURE DATE TITLE

Please mail to:
 Arizona Department of Revenue
 1600 W Monroe Street, Division Code 22
 Phoenix, AZ 85007
 (602) 716-7801

Applicant's Name (as shown on page 1)

Scottsdale House Inc

APPLICATION FOR BINGO LICENSE

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: \$ 0 per _____

| | |
|---|--|
| Payable to Amy white | Address – Number and Street, Rural Rt., Apt. No. 4800 N. 68th St #211 |
| Telephone number (with area code) 480-947-2292 | City State ZIP Code Scottsdale, AZ 85251 |

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?

Amy white

Continued on page 5 →

Applicant's Name (as shown on page 1)

Scottsdale House Inc

APPLICATION FOR BINGO LICENSE

I, Erin Scott, 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.

Erin Scott
APPLICANT'S SIGNATURE

4-10-25
DATE

General Manager
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 |
|--------------------------------|------|----------------|----------------|-----------------|