

- 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<br><i>June Nearhoff</i>            |   |                          |
| 2a Mailing Address<br><i>3405 S. Tomahawk Rd #217</i> |   |                          |
| 2b City<br><i>Apache Junction</i>                     | State<br><i>AZ</i>                      | ZIP Code<br><i>85119</i> |
| 3a Administrative Office Location<br><i>Same</i>      |   |                          |
| 3b City<br><i>Same</i>                                | State                                   | ZIP Code                 |
| 4a Name of Contact Person<br><i>June Nearhoff</i>     | 4b Telephone No.<br><i>360-434-2054</i> |                          |
| 4c E-mail Address<br><i>roaminomes@yahoo.com</i>      | 4c Fax No.<br><i>N/A</i>                |                          |

**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                                   | 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 →

Applicant's Name (as shown on page 1)

*June Nearhoff*

**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:

|                 |                 |
|-----------------|-----------------|
| <b>10a</b> Name | <b>10b</b> 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.

|   |                 |
|---|-----------------|
| <b>11a</b> Name<br><i>June Nearhoff</i> | <b>11b</b> Name |
| Title<br><i>Manager</i>                 | 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<br><i>Walter Nearhoff</i> | Title<br><i>Proceeds Coordinator</i> |
|--------------------------------|--------------------------------------|

**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.

|   |   |
|---|---|
| <b>13a</b> Name<br><i>June Nearhoff</i> | <b>13b</b> Name<br><i>Walter Nearhoff</i> |
| Title<br><i>Manager</i>                 | Title<br><i>Supervisor</i>                |

**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.

|                                     |                                      |
|-------------------------------------|--------------------------------------|
| <b>14a</b> Name<br><i>Dave Duff</i> | <b>14b</b> Name<br><i>Kirk Wyers</i> |
| <b>14c</b> Name<br><i>Dan Wyers</i> | <b>14d</b> Name                      |

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

*3405 S. Tomahawk*

**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. | <i>6:30</i> <input checked="" type="checkbox"/> p.m. | <input type="checkbox"/> p.m. | <input type="checkbox"/> p.m. | <input type="checkbox"/> p.m. | <input type="checkbox"/> p.m. |

Continued on page 3 →

Applicant's Name (as shown on page 1)

*June Nearhoff*

**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   | <i>N/A</i>     | 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 →

Applicant's Name (as shown on page 1)

*June Nearhoff*

**APPLICATION FOR BINGO LICENSE**

**19 Expected bingo expenses:**

**a Mortgage:** \$ \_\_\_\_\_, per month

|                                   |  |       |          |
|-----------------------------------|--|-------|----------|
| Payable to<br><i>N/A</i>          | 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<br><i>N/A</i>          | 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<br><i>N/A</i>          | 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<br><i>N/A</i>          | 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<br><i>N/A</i>          | 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?"**

*Cactus Bingo NO*

Continued on page 5 →

Applicant's Name (as shown on page 1)

*June Nearhoff*

**APPLICATION FOR BINGO LICENSE**

I, June Nearhoff, 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.

June Nearhoff    11-14-23    Manager  
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.**

|  |      |  |                |                 |
|--|------|--|----------------|-----------------|
| <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved |      | <input type="checkbox"/> Class A License <input type="checkbox"/> Class B License <input type="checkbox"/> 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<br><i>June Nearhoff</i>  |   | License Number<br><i>11-039-A</i>   |
| Position (check the appropriate boxes):<br><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.<br>88<br><br><br><br>81 PM                      80 RCVD |
| Affiant's Name<br><i>June Nearhoff</i>   |   |   |
| Social Security Number<br>[REDACTED]   | Date of Birth<br>[REDACTED]                   |   |
| Address<br><i>3405 S Tomahawk # 217</i>  |   |   |
| City<br><i>Apache Junction</i>   | State<br><i>Az</i>                            |   |
| Home Phone No. (with area code)<br><i>360-434-2054</i>   | Work Phone No. (with area code)<br><i>N/A</i> |   |

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

|   |                          |
|---|--------------------------|
| Member?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>N/A</i>   | Date Joined Organization |
| Officers?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>N/A</i>   | Officer Title            |
| Do you have an affidavit on file for any other licensee?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   If "Yes", list license number(s): |                          |

I, *June Nearhoff* 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.

*June A Nearhoff*  
Signature of Affiant

*11-14-2023*  
Date

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

☎ (602) 716-7801

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<br><i>Walter Nearhoff</i>  |                    | License Number<br><i>11-039-A</i>  |
| Position (check the appropriate boxes):<br><input type="checkbox"/> Manager <input checked="" type="checkbox"/> Supervisor <input type="checkbox"/> Proceed Coordinator <input type="checkbox"/> Assistant |                    | REVENUE USE ONLY. DO NOT MARK IN THIS AREA.<br>88<br><br><br>81 PM 80 RCVD |
| Affiant's Name<br><i>WALTER NEARHOFF</i>   |                    |  |
| Address<br><i>3405 S. Tomahawk # 217</i>   |                    |  |
| City<br><i>Apache Junction</i>   | State<br><i>Az</i> |  |
| Home Phone No. (with area code)<br><i>360-434-2054</i>   |                    | Work Phone No. (with area code)  |

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

|   |                          |
|---|--------------------------|
| Member?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | Date Joined Organization |
| Officers?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | Officer Title            |
| Do you have an affidavit on file for any other licensee?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", list license number(s): |                          |

I, WALTER V. NEARHOFF, 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.

*Walter V. Nearhoff*  
Signature of Affiant

11-14-23  
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 11-14-23    License Number 11-039-A

From (Name of local governing body) Pinal County

Address (number and street, PO Box) 135 N. Pinal Street P.O. Box 827

City Florence    State AZ    ZIP Code 85132

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 12/6/2023 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 June Nearhoff

3 Location/Address where live bingo will be conducted: 3405 S. Tomahawk Rd    City Apache Jet    State Az    ZIP Code 85119

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. | <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. | <u>6:30</u> <input checked="" type="checkbox"/> p.m. | <input type="checkbox"/> p.m. | <input type="checkbox"/> p.m. | <input type="checkbox"/> p.m. | <input type="checkbox"/> p.m. |

5 Who is your live bingo supplier? Cactus Bingo Supply

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.

Natasha Kennedy  
 PRINTED NAME

12/6/2023    Clerk of the Board  
 SIGNATURE    DATE    TITLE

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