City of Tempe Tax and License Office

Bingo Business Application

www.tempe.gov/salestax



DATE RECEIVED	SMA	ALL	APPLIC	CATION FEE		
PLT NO	LAR	IGE	LICENS	SE FEE		
	NEV	V				
	REN	NEWAL				
Print Clearly						
Applicant or Agent's Name (Must complete individual application) Name of Organization	LAST NAME	FIRST	MIDDLE	-1.41	TITLE	A.V.
DBA (Doing Business As)		also the control of t				
Business Address	STREET	CITY	STATE	ZIP	() PHONE	
Mailing Address	STREET	CITY	STATE	ZIP	() PHONE	
Type of Organization:	Charitable	Religious Ueterans	Fraternal	I Soc	cial 🔲 (Other (Specify)
How many years operating in	If	a corporation, date and state where in	ncorporated:			
Arizona?					STATE	
Has this organization ever had its license denied, revoked, suspended, or fined in this or any other state?	Yes No	If yes, explain:				
				· · · · · · · · · · · · · · · · · · ·		
Nows adduses whome and title	1.				()	
Name, address, phone and title of each officer, owner, or partner:	LAST NAME	FIRST	MIDDLE		PHONE	
•	STREET	CITY	STATE	ZIP	TITLE	
	2.	FIRST	MIDDLE		PHONE	
	STREET	CITY	STATE	ZIP	TITLE	
	3. LAST NAME	FIRST	MIDDLE		() PHONE	
	STREET	CITY	STATE	ZIP	TITLE	
	4.	FIRST	MIDDLE		() PHONE	
	STREET	CITY	STATE	ZIP	TITLE	
Location(s) where bingo is to be held:	1. LOCATION NAME	S	TREET ADDRESS			Tempe, Arizona
	2.	S	TREET ADDRESS			Tempe, Arizona
				سلم المساحدة	•	To
Days on which bingo is to be held	4 Investment			Hours from		
				Hours from	1	То
					n	To

Does applicant/or organization own the premises where bingo will be held?	Yes No If yes, how	long?		
Have premises been regularly used by applicant or organization?	Yes No If yes, how	long?	<u> </u>	·
If premises are rented, state terms of rental agreement				
Lessor's name				
Lessor's address				
I certify that the statements made in the processed. Omission or falsification				
other remedies authorized by law.	TO THE OTHER LINES SUITE OF THE STATE OF THE	()		
		() TELEPHONE #		DATE
SIGNATURE OF APPLICANT	DENIED	() TELEPHONE #		DATE