

- 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 VFW Post 8987	
2a Mailing Address PO Box 337	AZ 85925
2b City Eagar	State ZIP Code
3a Administrative Office Location 593 N. Main Street	
3b City Eagar	State ZIP Code AZ 85925
4a Name of Contact Person ORAN PITCHER	4b Telephone No. 928 821 4205
4c E-mail Address PitchersPerformance@esedana.net	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:

- 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 VFW Post 8987	6b Auxiliary Name
Address - Number and Street, Rural Rt., Apt. No. 593 N. Main Street	Address - Number and Street, Rural Rt., Apt. No.
City Eagar	City
State AZ	State
ZIP Code 85925	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 ORAN PITCHER	7b Name Gary Burton
Title Commander	Title Quartermaster
Address - Number and Street, Rural Rt., Apt. No. 1036 S. Water Canyon rd	Address - Number and Street, Rural Rt., Apt. No. PO BOX 42
City Eagar	City Eagar
State AZ	State AZ
ZIP Code 85925	ZIP Code 85925
7c Name Nick C Burns	7d Name
Title SR VICE Commander	Title
Address - Number and Street, Rural Rt., Apt. No. 1885 K Apache Dr # 49	Address - Number and Street, Rural Rt., Apt. No.
City Eagar	City
State AZ	State
ZIP Code 85925	ZIP Code

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

Checking Account Number 5860012105	Bank Name National Bank of AZ	Bank Branch Eagar
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Applicant's Name (as shown on page 1)

VFW Post 8987

APPLICATION FOR BINGO LICENSE

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

Account Number 5800012105	Bank Name National Bank of AZ	Bank Branch Eagar
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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 ORAN PITCHER	10b Name Nick Burns
Title Commander	Title SR VICE Commander

GARY BURTON - Quartermaster

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 ORAN PITCHER	11b Name Nick C Burns
Title Commander	Title SR VICE Commander

GARY BURTON Quartermaster

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 ORAN PITCHER	Title Commander
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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 ORAN PITCHER	13b Name Nick C Burns
Title Commander	Title SR VICE Commander

GARY BURTON Quartermaster

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
14c Name	14d Name

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

593 N. Main Street Eagar AZ 85925

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
12 <input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	12 <input type="checkbox"/> a.m.	12 <input type="checkbox"/> a.m.	12 <input type="checkbox"/> a.m.	12 <input type="checkbox"/> a.m.
7 <input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	7 <input type="checkbox"/> p.m.	7 <input type="checkbox"/> p.m.	7 <input type="checkbox"/> p.m.	7 <input type="checkbox"/> p.m.

Continued on page 3 →

VFW POST 8987

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 N/A	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

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VPW POST 8987

19 Expected bingo expenses:

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

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?"

Hyntx Technologies

Continued on page 5 →

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

<input type="checkbox"/> New Application <input type="checkbox"/> Change of Location		Date	License Number
From (Name of local governing body)			REVENUE USE ONLY. DO NOT MARK IN THIS AREA. [88]
Address (number and street, PO Box)			
City	State	ZIP Code	
Phone No. (with area code)			
[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.

*UFW Post 8987*

2 Applicant's Name \_\_\_\_\_

3 Location/Address where live bingo will be conducted: *593 N main Street*      City *Flag*      State *AZ*      ZIP Code *85925*

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

SUN	MON	TUE	WED	THUR	FRI	SAT
<i>12</i> <input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<i>12</i> <input type="checkbox"/> a.m.	<i>12</i> <input type="checkbox"/> a.m.	<i>12</i> <input type="checkbox"/> a.m.	<i>12</i> <input type="checkbox"/> a.m.
<i>7</i> <input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<i>7</i> <input type="checkbox"/> p.m.	<i>7</i> <input type="checkbox"/> p.m.	<i>7</i> <input type="checkbox"/> p.m.	<i>7</i> <input type="checkbox"/> p.m.

5 Who is your live bingo supplier?  
*Nyx Technologies*

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


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 VFW 8987 #14010002		License Number 14010002
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
Affiant's Name ORAN W PITCHER		
Social Security Number 529669446	Date of Birth 2-26-1947	
Address 1036 S WATER ONYON RD		
City EAGAR	State AZ	ZIP Code 85925
Home Phone No. (with area code) 928 - 821-4205	Work Phone No. (with area code) SAME	
81 PM		80 RCVD

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

Member? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Joined Organization 2015
Officers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Officer Title COMMANDER
Do you have an affidavit on file for any other licensee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", list license number(s):	

I, ORAN W PITCHER, 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

09-07-2023  
 Date

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)

VFW Post 8987

APPLICATION FOR BINGO LICENSE

I, ORAN W PITCHER, 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.

Oran W Pitcher 7-9-2023 COMMANDER  
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



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 <i>VFW 8927</i>		License Number <i>14010002</i>
Position (check the appropriate boxes): <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. <b>88</b>
Affiant's Name <i>NICK BURNS</i>		
Social Security Number <i>52666922</i>	Date of Birth <i>9-16-47</i>	
Address <i>1825 E ARIZONA DR LOT 679</i>		
City <i>SPRINGDALE</i>	State <i>AZ</i>	
Home Phone No. (with area code) <i>480 345 4326</i>	Work Phone No. (with area code)	
<b>81</b> PM		<b>80</b> RCVD

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

Member? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Joined Organization <i>1980</i>
Officers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Officer Title <i>1st Vice</i>
Do you have an affidavit on file for any other licensee? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", list license number(s): <i>14010002</i>	

I, *Nick Burns*, 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.

*Nick Burns*  
\_\_\_\_\_  
Signature of Affiant

*9-9-23*  
\_\_\_\_\_  
Date

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)

VFW POST 8987

APPLICATION FOR BINGO LICENSE

I, ORAN W PITCHER, 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.

Oran W Pitcher 7-9-23 Commander  
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		

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 <b>VFW Post 8987</b>		License Number <b>14010002</b>
Position (check the appropriate boxes): <input type="checkbox"/> Manager <input type="checkbox"/> Supervisor <input type="checkbox"/> Proceed Coordinator <input checked="" type="checkbox"/> Assistant		REVENUE USE ONLY. DO NOT MARK IN THIS AREA. <b>88</b>
Affiant's Name <b>GARY BURTON</b>		
Social Security Number <b>517-50-6372</b>	Date of Birth	
Address <b>98 WYE DR. BOX 42</b>		
City <b>EAHAR</b>	State <b>AZ</b>	
Home Phone No. (with area code) <b>760-265-1712</b>	Work Phone No. (with area code)	
		<b>81</b> PM
		<b>80</b> RCVD

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

Member? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Joined Organization <b>7-9-23</b>
Officers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Officer Title <b>QUARTER MASTER</b>
Do you have an affidavit on file for any other licenses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", list license number(s):	

I, **GARY BURTON** 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.

**Gary J Burton**  
Signature of Affiant

**07-09-2023**  
Date

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

Applicant's Name (as shown on page 1)

VFW POST 8987

APPLICATION FOR BINGO LICENSE

I, ORAN W PITCHER, 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.

Oran W Pitcher 7-9-2023 COMMANDER  
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.

Approved       Disapproved       Class A License       Class B License       Class C License

Reviewer's Name (please print)	Date	License Number	Effective Date	Expiration Date

STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES  
AND CONTROL  
ALCOHOLIC BEVERAGE LICENSE

CLUB  
License 14010002

Issue Date: 5/19/2023

Expiration Date: 5/31/2024

Issued To:  
NICK CHARLES BURNS, Agent  
V F W #8987, Owner

Location:  
V F W #8987  
593 N MAIN STREET  
EAGAR, AZ 85925  
USA

Mailing Address:  
NICK CHARLES BURNS  
V F W #8987  
V F W #8987  
PO BOX 337  
EAGAR, AZ 85925  
USA



EXP 5/31/2024



POST THIS LICENSE IN A CONSPICUOUS PLACE