

- 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.
- All approvals to conduct special bonus games expire at the end of each licensing period and must be renewed prior to that time to allow the continuance of special bonus games.

Applicant's Name			License Number (if known)	
Address				
City	State	ZIP Code		
Contact Phone No. (with area code)			REVENUE USE ONLY. DO NOT MARK IN THIS AREA. <div style="border: 1px solid black; padding: 2px; width: 20px; float: left; margin-right: 10px;">88</div> <div style="clear: both;"></div> <div style="border: 1px solid black; padding: 2px; width: 20px; float: left; margin-right: 10px;">81</div> PM <div style="border: 1px solid black; padding: 2px; width: 20px; float: left; margin-left: 10px;">80</div> RCVD	

1 When will special bonus games be played? Fill in the time on the days games 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.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.

2 Pattern required to accomplish bingo: _____

3 Number of calls within which a bingo must be accomplished..... _____

4 Amount of designated prize: \$ _____	5 Type of card to be used: _____
6 Cost of card to player: \$ _____	7 Game number: _____

8 How much of the \$12,000 prize amount available in the quarter will be guaranteed, if any?..... \$ _____

9 Total prize amount offered per quarter..... \$ _____

Describe how the special bonus game program will be conducted:

I, _____, under penalty of perjury, upon oath, depose and say that I am duly authorized to sign and file this application. I hereby swear or confirm that I have read the foregoing application and verify that all information provided is true and complete to the best of my knowledge.

AFFIANT'S NAME

Signature of Affiant _____ Date _____

Please mail to: Arizona Department of Revenue, PO Box 29019, Phoenix, AZ 85038-9019

☎ (602) 716-7801

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<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	<input type="checkbox"/> Class B License	<input type="checkbox"/> Class C License
Reviewer's Name (please print)	Date	Effective Date	Expiration Date