

- 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 Roger Nelson		
2a Mailing Address 1733 E Northrop Blvd		
2b City Chandler	State AZ	ZIP Code 85286
3a Administrative Office Location 1733 E Northrop Blvd		
3b City Chandler	State AZ	ZIP Code 85286
4a Name of Contact Person Pamela Frestedt	4b Telephone No. 480-477-5882	
4c E-mail Address Pfrestedt@weserv.realtor	4c Fax No. 623-931-1008	

<b>Falsification of information contained in this application constitutes a Class 6 felony.</b>	
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 checked="" 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 West and Southeast Realtors of the Valley			6b Auxiliary Name		
Address - Number and Street, Rural Rt., Apt. No. 1733 E Northrop Blvd			Address - Number and Street, Rural Rt., Apt. No.		
City Chandler	State AZ	ZIP Code 85286	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 Roger Nelson			7b Name Pamela Frestedt		
Title Chief Executive Officer			Title Chief Operating Officer		
Address - Number and Street, Rural Rt., Apt. No. 1733 E Northrop Blvd			Address - Number and Street, Rural Rt., Apt. No. 1733 E Northrop Blvd		
City Chandler	State AZ	ZIP Code 85286	City Chandler	State AZ	ZIP Code 85286
7c Name Cherie Ann Stall			7d Name Jan Ellingson		
Title Director			Title Director		
Address - Number and Street, Rural Rt., Apt. No. [REDACTED]			Address - Number and Street, Rural Rt., Apt. No. [REDACTED]		
City [REDACTED]	State	ZIP Code	City [REDACTED]	State	ZIP Code

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

Checking Account Number [REDACTED]	Bank Name [REDACTED]	Bank Branch [REDACTED]
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Applicant's Name (as shown on page 1)  
 Roger Nelson

**APPLICATION FOR BINGO LICENSE**

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

Account Number N/A	Bank Name N/A	Bank Branch N/A
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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:**

<b>10a Name</b> Roger Nelson	<b>10b Name</b> Pamela Frestedt
<b>Title</b> Chief Executive Officer	<b>Title</b> Chief Operating Officer

**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 Name</b> Bryce Henderson	<b>11b Name</b> Edgar Chavez
<b>Title</b> YPN Committee Co-Chair	<b>Title</b> YPN Committee Chair

**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.**

<b>Name</b> Pamela Frestedt	<b>Title</b> Chief Operating Officer
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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.**

<b>13a Name</b> N/A	<b>13b Name</b> N/A
<b>Title</b> N/A	<b>Title</b> N/A

**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 Name</b> Jessica Lay	<b>14b Name</b> Braden Lopez-Biggs
<b>14c Name</b>	<b>14d Name</b>

**15 Street address of the PHYSICAL location where live bingo will be played:**  
 9001 W. Union Hills Dr. Ste. 8 Peoria, AZ 85382 (1 x event)

**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.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	5-8 <input checked="" 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)  
 Roger Nelson

**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 N/A	18b Name N/A
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)  
Roger Nelson

APPLICATION FOR BINGO LICENSE

19 Expected bingo expenses:

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

Payable to N/A	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 N/A	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 N/A	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 N/A	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 N/A	Address -- Number and Street, Rural Rt., Apt. No.
Telephone number (with area code)	City State ZIP Code

f Bingo Supplies: \$ 300 per 1x Purchase

Payable to Amazon Online Retailer	Address -- Number and Street, Rural Rt., Apt. No. 410 N Terry Ave
Telephone number (with area code)	City State ZIP Code Seattle WA 98109

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?  
Amazon online retailer (www.amazon.com) No we do not foresee purchasing/renting any technical aids.

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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		License Number	
Position (check the appropriate boxes): <input type="checkbox"/> Manager <input type="checkbox"/> Supervisor <input type="checkbox"/> Proceed Coordinator <input type="checkbox"/> Assistant			
<b>REVENUE USE ONLY. DO NOT MARK IN THIS AREA.</b>			
88			
Affiant's Name Roger Nelson			
Social Security Number		Date of Birth	
Address 1733 E Northrop Blvd			
City Chandler		State AZ	ZIP Code 85286
Home Phone No. (with area code)		Work Phone No. (with area code)	
		81 PM	80 RCVD

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

Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Joined Organization
Officers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Officer Title Chief Executive Officer
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, Roger Nelson 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.

  
Roger Nelson (Sep 5, 2025 14:17:25 PDT)  
 Signature of Affiant

Sep 5, 2025  
 Date

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

☎ (602) 716-7801