

NAVAJO COUNTY AGENDA ITEM REQUEST FORM

Meeting Date: March 24, 2015	Time Needed: CONSENT										
Requesting Department: Board of Supervisors	Presenter(s) Name N/A										
Motion before the Board: Bingo License Venue Change Approval											
Recommendation: (who, what, where, when, how, etc.) Staff recommends Approval											
<p>Background: (why should it be done, what will happen if not approved, etc. include resolution)</p> <p>The Applicant; White Mountain Association for Victims of Domestic Violence, License # 09-026-A, is requesting a license location transfer. Location being Solterra Senior Living, 5408 Hwy 260, Lakeside, AZ. 85929</p>											
Fiscal Impact: (what will it cost, where funds will come from, is it budgeted, etc.) None											
Reviewed and approved by:	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">County Manager</td> <td style="text-align: center;">County Attorney</td> <td style="text-align: center;">Human Resources</td> <td style="text-align: center;">Finance</td> <td style="text-align: center;">IT</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	County Manager	County Attorney	Human Resources	Finance	IT	<input type="checkbox"/>				
County Manager	County Attorney	Human Resources	Finance	IT							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Board Action Taken											
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	No Action <input type="checkbox"/>	Continued <input type="checkbox"/>	Continued to: _____							
Approved with changes as follows: _____											
Clerk's Notes											
Date:	Initial:										

REMINDER: Email this coversheet and all backup documentation to **BOS.Clerk** by **Noon the Tuesday** before the BOS meeting.

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.

<input type="checkbox"/> New Application <input type="checkbox"/> Change of Location		Date M M D D Y Y Y Y	License Number
From (Name of local governing body)			REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88 81 PM 80 RCVD
Address (number and street, PO Box)			
City	State	ZIP Code	
Phone No. (with area code)			
(Empty space for additional information)			

1 This is to certify that on M M D D Y Y Y Y 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 _____

3 Location/Address where games will be conducted: _____ City _____ State _____ ZIP Code _____

4 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"/> p.m.						

5 Background investigations:

have have not been conducted on all individuals listed in the Bingo License Application.

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, PO Box 29019, Phoenix, AZ 85038-9019