



Charitable Bingo Division

Texas Application for a Unit Manager License

(Rev. 3/07)

UM

FOR T.L.C. USE ONLY

Amount Paid \$ _____

Postmark Date _____

PLEASE PRINT OR TYPE

TAXPAYER INFORMATION

1. _____
Legal Name of Applicant

2. _____
Mailing Address (Street Address, PO Box, or Rural Route. Do not give directions, i.e., 5 miles north of I-20)

City State ZIP Code County

Phone Number (Area Code & Number)

E-mail Address (Optional) _____
Web Site Address

3. _____
Social Security Number Driver's License Number State

Race Gender Date of Birth (MM/DD/YYYY)

4. Enter your Federal Employer's Identification Number (EIN), if any... _____

MAIN OFFICE LOCATION

5. Enter the name and physical address of the main office of your business.

Name

Physical Address (Street Address, PO Box, or Rural Route. Do not give directions, i.e., 5 miles north of I-20.)

City State ZIP Code County

BUSINESS LOCATION

6. List the name and address of each separate location of your business where services will be rendered or records related to unit manager services will be stored. Include the main office location if applicable. *Attach additional sheets if necessary.* Attached Yes No

Name

Physical Address (Street Address, PO Box, or Rural Route. Do not give directions, i.e., 5 miles north of I-20.)

City State ZIP Code County

OTHER INTERESTS

7. Have you or any employee been convicted of a felony, criminal fraud, a gambling or gambling-related offense, or crime of moral turpitude? If yes, indicated the name, Social Security number, and the number of years that has elapsed since the termination of a sentence, parole, or community supervision served for the offense. *Attach additional sheets if necessary.* Attached Yes No

Name (Last, First, M.I.) Social Security Number Years Elapsed

8. Are you or any employee an owner, officer, or director of a licensed commercial lessor, or related to a licensed commercial lessor within the second degree by consanguinity (blood) or affinity (marriage)? If YES, indicate the individual's name, the name of the lessor, and the lessor's taxpayer number. *Attach additional sheets if necessary.* Attached Yes No

Name (Last, First, M.I.) Name of Lessor Lessor Taxpayer Number

9. Are you or any employee listed on another license issued under the Bingo Enabling Act? If YES, enter the individual's name, the name of the license holder, and the license holder's taxpayer number. *Attach additional sheets if necessary.* Attached Yes No

Name (Last, First, M.I.) _____
Name of License Holder _____
Taxpayer Number

10. List the information for each proposed or actual accounting unit that you intend to provide Unit Manager services. *Attach additional sheets if necessary.* Attached Yes No Not Applicable

_____ Accounting Unit Name	_____ Accounting Unit Number
_____ Playing Location	
_____ Address (Street Address, PO Box, or Rural Route. Do not give directions, i.e., 5 miles north of I-20.)	
_____ City	_____ State
	_____ ZIP Code
_____ Member Organization	_____ Taxpayer Number
_____ Member Organization	_____ Taxpayer Number
_____ Member Organization	_____ Taxpayer Number
_____ Member Organization	_____ Taxpayer Number
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_____ Member Organization	_____ Taxpayer Number
_____ Member Organization	_____ Taxpayer Number
_____ Member Organization	_____ Taxpayer Number

AFFIDAVIT OF RESPONSIBILITY

11. I, the undersigned, declare that:
- I have read this application and all of the information submitted to the Texas Lottery Commission and have read all of the attachments submitted;
 - All of the information in this application and any attachments is true, accurate, and complete and all of the names of persons, their interest, and all other required information have been fully described and disclosed and that any change in such information will be given in writing to the Commission within fifteen (15) days of such change;
 - I am fully aware that any false declaration in this application will automatically forfeit any rights I might have to re-apply for this or any other license related to bingo for a minimum of one (1) year from the date such false declaration becomes known;
 - I assume full responsibility for the lawful operation of all activities conducted under the Unit Manager license;
 - I will familiarize myself with and abide by the provisions of the Texas Bingo Enabling Act, Chapter 2001, Occupations Code and Charitable Bingo Administrative Rules.

Exception(s) - *Explain.* _____

sign here ▶ _____
Unit Manager Applicant _____
Print Name _____
Date