



Charitable Bingo Division

Texas Application for a Temporary License to Conduct Charitable Bingo / Non-Annual License Holder – Section 2

B-AP-117-T-2 (NA) (Rev. 3/08)

CONDUCTOR

FOR T.L.C. USE ONLY

Amount Paid \$ _____

Postmark Date _____

TAXPAYER INFORMATION

PLEASE PRINT LEGIBLY OR TYPE

1. _____
Name of Organization

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

City State ZIP Code County

Individual's name to contact (PLEASE PRINT) _____

Phone number of contact person (Area Code & Number) _____

Organization's fax number (Area Code & Number) _____

Organization's/contact's E-mail address (optional) _____

Organization's Web site address (optional) _____

3. Type of non-profit organization [] 1 - Religious [] 2 - Medical [] 3 - Fraternal [] 4 - Volunteer Fire Department [] 5 - Veterans (Is this veteran's organization chartered by the US Congress?) [] YES [] NO [] 6 - National Historical District

4. Is this organization affiliated with a state or a national organization? [] YES [] NO
If YES, enter the name of the organization, the state or national address, and ensure Schedule G is completed.

5. Does this organization now have a 501(c) exemption from the Internal Revenue Service (IRS)? [] YES [] NO
If YES, submit a copy of the IRS ruling or determination letter.

6. Does the organization file a Form 990 with the IRS? [] YES [] NO
If YES, submit the most recent Form 990 filed with the IRS.

7. Enter your nine (9) digit Federal Employer Identification Number (EIN), if any. _____

8. Enter your organization's eleven (11) digit Texas Vendor Identification Number _____

9. If this organization is NOT a corporation, describe the method of organization and submit evidence of organization such as bylaws, constitution, charter, etc.

Method of Organization Date (MM/DD/YYYY)

10. If this organization is a corporation, enter the following:
Texas Charter Number Date (MM/DD/YYYY)

Name of Organization _____ Taxpayer Number (if issued) _____

LESSOR INFORMATION

19. _____
Name of entity from whom you are leasing premises _____ Lessor's Taxpayer Number _____
20. Lease amount per occasion, including all expenses paid to the lessor in connection with the use of the premise, **may not exceed six hundred dollars (\$600). If there is no charge enter "zero" or "0."**
Lease payments may not be based on attendance per game or the gross receipts from the conduct of bingo. \$ _____
21. What is the maximum seating capacity for bingo? _____

PRIMARY OPERATOR

Enter the name and specific information requested of the active member of the organization who will serve as primary operator at the bingo game(s). This individual serves as the supervisor of the bingo operation and is responsible for all bingo activities on behalf of the licensed organization, including filing quarterly reports. This member must sign the application in Item 27, and this name will appear on your license.

22. _____
Name (LAST, FIRST, MIDDLE INITIAL) _____
- _____ Social Security Number _____ Driver's License Number _____ State _____
- _____ Home Address (Use Street Address, PO Box, or Rural Route. Do not give directions, i.e., 5 miles north of I-20.) _____
- _____ City _____ State _____ ZIP Code _____ Phone Number (Area Code & Number) _____
- _____ Race _____ M F Gender _____ Date of Birth (MM/DD/YYYY) _____ E-mail Address (optional) _____

HEAD OF ORGANIZATION OR OFFICER

Enter the name and specific information requested of the active officer of your organization that will sign the application in Item 27. This must be a different individual than the Primary Operator. (This would include a priest, pastor, rabbi, or other head of the church signing the application as an officer.)

23. _____
Name (LAST, FIRST, MIDDLE INITIAL) _____
- _____ Social Security Number _____ Driver's License Number _____ State _____
- _____ Home Address (Use Street Address, PO Box, or Rural Route. Do NOT give directions, i.e., 5 miles north of I-20.) _____
- _____ City _____ State _____ ZIP Code _____ Phone Number (Area Code & Number) _____
- _____ Race _____ M F Gender _____ Date of Birth (MM/DD/YYYY) _____ E-mail Address (optional) _____

LICENSE FEE

Payment of the required license fee must be submitted with this application. The fee for a temporary license is twenty-five dollars (\$25) per occasion.

24. License Fee _____ X twenty-five dollars (\$25) = \$ _____
Total number of occasions applied for _____ Total fee due _____

Name of Organization

Taxpayer Number (if issued)

CERTIFICATION FOR LICENSE TO CONDUCT CHARITABLE BINGO

25. Has a license been held or is a license currently held, by YES NO
any organization, at the playing location named in Item 15? If "YES," proceed to Item 27 If "NO," proceed to Item 26

26. The following section must be completed by either the County Clerk or City Secretary for the county or city in which you are proposing to conduct charitable bingo. In the case where the proposed playing location is within the boundaries of an incorporated city or town, the City Secretary's Certificate should be completed. If the proposed playing location is not inside the boundaries of an incorporated city or town, the County Clerk's Certificate should be completed.

COUNTY CLERK'S CERTIFICATE

I hereby certify that the conduct of bingo is lawful in the county named below. I further certify that the location of the premises sought to be licensed herein is not inside the boundaries of an incorporated city or town.

Location of playing premises:

Address

City State ZIP Code County

Witness my hand and seal of office this _____ day of _____ A.D. (Year) _____ .

X _____
County Clerk

SEAL

County Clerk of _____
Name of County

CITY SECRETARY'S CERTIFICATE

(If not an incorporated city, so state)

I hereby certify that the conduct of bingo is lawful at the location of the premises sought to be licensed herein, and that such location is inside the boundaries of the city or town and is not prohibited by local option election.

Location of playing premises:

Address

City State ZIP Code County

Witness my hand and seal of office this _____ day of _____ A.D. (Year) _____ .

X _____
City Secretary / Clerk

SEAL

City Secretary of _____
Name of City

Name of Organization

Taxpayer Number (if issued)

AFFIDAVIT OF RESPONSIBILITY

**You are certifying on a State of Texas License Application that the information provided is true and correct.
There is a substantial penalty for a fraudulent application.**

27. We, the undersigned, declare that the organization identified in this application is a bona fide non-profit organization, that we are active members of the organization, that we will be responsible for conducting charitable bingo games, and filing all required returns in accordance with the provisions of the Texas Bingo Enabling Act (BEA) and Charitable Bingo Administrative Rules (CBAR) and that all net proceeds derived from charitable bingo games will be used for charitable purposes as defined in the BEA. We further declare that no officers, directors, or persons who will serve as workers for the bingo occasion(s) has ever been convicted of a felony, gambling offense, criminal fraud, or a crime of moral turpitude for which ten (10) years have not elapsed since the termination of any sentence, parole, mandatory supervision, or probation served for the offense. We further declare our organization will not authorize a person on behalf of our membership, governing body, or officers to support or oppose a particular candidate for public office by making political speeches; passing out cards or other political literature; writing letters; signing or circulating petitions; making campaign contributions; or soliciting votes. We further declare that if granted a license to conduct charitable bingo, a member of the organization identified in this application designated as an operator will be present at and in charge of each and every charitable bingo game played under this license. We further declare that this license will not be sold, rented, transferred, or otherwise assigned to any group or individual. We further declare that we will keep accurate records of all charitable bingo proceeds and expenses subject to audit by the Texas Lottery Commission. We understand that the failure to abide by the provisions of the BEA and CBAR could subject the signers of this application to possible criminal prosecution and the revocation of this license.

We further certify that copies of this application have been sent to: (please check one)

- Incorporated City or Town-City Council or chief legislative body
- County or Justice Precinct-Commissioner's Court

and that all statements in this application and any attachments are true and correct to the best of our knowledge and belief. We, the undersigned, declare that as an officer of the organization and primary operator, we have read and will abide by the above statement.

sign here ▶

Officer of the Organization (cannot sign as Primary Operator)

Print Name and Title

Date

sign here ▶

Primary Operator

Print Name and Title

Date