



**Charitable Bingo Operations Division**  
**Texas Application for a License To Distribute**  
**Bingo Supplies, Devices, and Equipment**

B-AP-125 (Rev. 9/09)

**DISTRIBUTOR**

**FOR T.L.C. USE ONLY**

Amount Paid \$ \_\_\_\_\_

Postmark Date \_\_\_\_\_

**PLEASE READ INSTRUCTIONS • PLEASE PRINT LEGIBLY OR TYPE**

**TAXPAYER INFORMATION**

**1.** \_\_\_\_\_  
 Legal Name of Applicant

**2.** \_\_\_\_\_  
 Mailing Address (Street address, PO Box, or Rural Route)

\_\_\_\_\_  
 City State ZIP Code County

\_\_\_\_\_  
 Designated Business Contact

\_\_\_\_\_  
 Organization Website Address (optional) E-mail Address (optional)

\_\_\_\_\_  
 Daytime Phone (Area Code & Number) Alternate Phone (Area Code & Number) Fax Number (Area Code & Number)

**3.** Indicate how your business is owned (check only one):  1 - Sole Ownership  2 - Partnership  3 - Texas Corporation  
 6 - Foreign Corporation  9 - Limited Liability Company  4 - Other (specify) \_\_\_\_\_

**4.** Enter your Federal Employer's Identification Number (EIN), if any ..... **1** \_\_\_\_\_

**5.** If a sole ownership, enter the sole owner's Social Security Number ..... **2** \_\_\_\_\_

**6.** Enter your taxpayer number for reporting any Texas tax OR your Texas Vendor Identification Number \_\_\_\_\_

**7.** If your business is a corporation, enter the state of incorporation, the charter number and date of incorporation. If your business is a foreign corporation, provide your Texas C.O.A. number and date of issuance.

\_\_\_\_\_  
 State Charter Number MM DD YYYY

\_\_\_\_\_  
 Texas C.O.A. Number MM DD YYYY

**8.** If your business is a foreign corporation or other foreign entity, enter the following information for your registered agent for service of process in Texas.

\_\_\_\_\_  
 Name Agent's business phone number

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State ZIP Code

**9.** Are you now or have you ever been licensed as a manufacturer, distributor or supplier of bingo supplies, devices and equipment in any state?

YES - (complete Schedule Q)  NO

**MAIN OFFICE LOCATION**

**10.** Enter the name and physical address of the main office of your distributing business.

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Physical Address (DO NOT enter PO Box or Directions, i.e., 5 miles north of I-20)

\_\_\_\_\_  
 City State ZIP Code County

Name of Organization \_\_\_\_\_ Taxpayer Number (if issued) \_\_\_\_\_

**BUSINESS LOCATIONS**

11. List the name and address of each separate location of your business at which warehousing or distribution of bingo supplies, devices or equipment that you intend for sale in Texas takes place. Include the main office location if distribution takes place at that location.

(Attach additional sheets if necessary.) **Are additional sheets attached?**  **YES**  **NO**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Physical Address (DO NOT enter PO Box or Directions, i.e., 5 miles north of I-20)

\_\_\_\_\_  
City State ZIP Code County

Type  Warehousing  Distribution  Other \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Physical Address (DO NOT enter PO Box or Directions, i.e., 5 miles north of I-20)

\_\_\_\_\_  
City State ZIP Code County

Type  Warehousing  Distribution  Other \_\_\_\_\_

**OTHER INTERESTS**

12. Enclose with this application a completed description of each type of bingo supply, equipment, or device you intend to store or distribute in Texas. For each item, give the name of the manufacturer and the brand name, if any, under which it will be sold or marketed.

List attached  Not applicable

13. List the names and address of each manufacturer, supplier, and distributor in which the applicant has a financial interest, including any indebtedness between the applicant and the manufacturer, supplier, or distributor of \$5,000 or more. Give the full details of the financial interest.

Check, if not applicable

\_\_\_\_\_  
Manufacturer, supplier or distributor the applicant has an interest in

\_\_\_\_\_  
Address

\_\_\_\_\_  
Details of interest held

**Are additional sheets attached?**  **YES**  **NO**

14. List the names and address of all licensed commercial lessors and manufacturers and distributors of bingo equipment, devices, or supplies in which the applicant is an owner, officer, shareholder, director, agent, or employee.  Check, if not applicable

\_\_\_\_\_  
Name of lessor, manufacturer, or distributor

\_\_\_\_\_  
Position(s) held in affiliated lessor, manufacturer, or distribution

\_\_\_\_\_  
Ownership percent (if applicable)

**Are additional sheets attached?**  **YES**  **NO**

**LICENSE TERM**

15. Indicate the license term you are applying for:  One (1) Year (\$1000 license fee)  Two (2) Year (\$3000 license fee)

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.**

**16. I/We the undersigned declare that:**

- I/we 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 fourteen (14) days of such change;
- I/we are duly authorized to make this application;
- I/we assume full responsibility for the lawful operation of all activities conducted under the license for which this application is made; that the applicant will ship bingo equipment, devices, and supplies for use or resale in the State of Texas only to distributors or authorized organizations licensed by the Commission;
- I/we will familiarize myself/ourselves with and abide by the provisions of the Texas Bingo Enabling Act and Charitable Bingo Administrative Rules.

**I/We, the undersigned, further declare that the applicant named in this application or schedules:**

- has never been convicted of a felony, criminal fraud, gambling or gambling-related offense, 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;
- is not an owner, officer, director, shareholder, agent, or employee of a licensed commercial lessor;
- does not conduct, promote, administer, or assist in conducting, promoting, or administering bingo games for which a license is required under the Bingo Enabling Act;
- is not an elected or appointed public officer or employee;
- is not now nor has ever been a professional gambler or gambling promoter;
- is not a manufacturer required to be licensed under the Bingo Enabling Act.

**sign here** ▶ \_\_\_\_\_  
 Sole Owner, Partner, LLC Member or Officer of the Organization      Print Name and Title      Date

Sworn to and subscribed before me, a Notary Public, on this the \_\_\_\_\_ day of \_\_\_\_\_ A.D. (year) \_\_\_\_\_

My commission expires \_\_\_\_\_ A.D. (year) \_\_\_\_\_  
**sign here** ▶ \_\_\_\_\_  
 Notary Public

**sign here** ▶ \_\_\_\_\_  
 Partner, LLC Member or Officer of the Organization      Print Name and Title      Date

Sworn to and subscribed before me, a Notary Public, on this the \_\_\_\_\_ day of \_\_\_\_\_ A.D. (year) \_\_\_\_\_

My commission expires \_\_\_\_\_ A.D. (year) \_\_\_\_\_  
**sign here** ▶ \_\_\_\_\_  
 Notary Public