



Charitable Bingo Operations Division

Texas Application to Transfer Ownership of a Commercial Licence to Lease Bingo Premises

BAP-141 (Rev. 9/09)

LESSOR

FOR T.L.C. USE ONLY

Amount Paid \$ _____
Postmark Date _____

CURRENT LICENSE HOLDER INFORMATION

PLEASE PRINT LEGIBLY OR TYPE

1. Taxpayer Number, Playing Location Name
2. Name of Current License Holder
3. 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
Individual's Name to Contact, Daytime Phone of Contact Person (Include Area Code)

TRANSFER OF OWNERSHIP INFORMATION

4. Name of Organization license is being transferred to
5. 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
Organization's Web Site Address, Fax Number (Area Code & Number)
Individual's Name to Contact, Daytime Phone of Contact Person (Include Area Code)
Alternate Phone (Area Code & Number), E-mail Address (Optional)

6. Indicate how your business is owned (check only one type)
1-Sole Ownership (complete Item 7)
2-Partnership
9-Limited Liability Company (LLC)
3-Texas Corporation
6-Foreign Corporation
8-Association
4-Other (specify)

7. If you are the sole owner, enter the following information. NOTE: If your business is not a sole ownership, complete Schedule L listing all partners, officers, directors, LLC members, shareholders, and any other persons having a financial interest in your business.

Name (LAST, FIRST, MIDDLE INITIAL)

2 Social Security Number, Driver's License Number, State

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

City, State, ZIP Code, Phone (Area Code & Number)

Race, Gender (M, F), Date of Birth (MM DD YYYY), E-mail Address (optional)

8. Enter the Federal Employer Identification Number (EIN) for the business the license is being transferred to, if any

9. Enter the taxpayer number for reporting any Texas tax OR the Texas Vendor Identification Number for the business the license is being transferred to, if any

10. If the license is being transferred to a corporation, enter the state of incorporation, the charter or COA number, and date of incorporation or date COA was granted, as applicable, for the corporation the license is being transferred to:

State, Charter Number, MM, DD, YYYY

Texas COA Number

Type of corporation (check one): P - Profit, N - Non-Profit

REQUESTED EFFECTIVE DATE

11. Enter the requested date the license to lease bingo premises is to be transferred:

Effective the earliest possible date OR Effective MM DD YYYY

BUSINESS CONTACT

12. Enter the information for the one (1) person who may be contacted during business hours for records or information about the applicant.

Name (LAST, FIRST, MIDDLE INITIAL)

Social Security Number Driver's License Number State

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

Race M Gender F Date of Birth (MM DD YYYY)

PLAYING LOCATION

- 13. Check this box if the license is to be transferred and placed on administrative hold, and go to Item 26.
- 14. Check this box if the license is to be transferred and remain at the same playing location, and go to Item 16.
- 15. Check this box and complete all appropriate information to change the location where bingo games will be played.

16.
Enter the name of the bingo hall where games will be played

Enter the phone number of the bingo hall (include Area Code)

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

City State ZIP Code County

17. Is this location inside the city limits of the city named in Item 16? YES NO

18. What is the maximum seating capacity for bingo?

19. Is there a common foundation or roof shared with a bingo premises currently licensed? YES NO

20. Is this location owned or leased? Owned (List date acquired (MM DD YYYY) and go to Item 22) Leased (go to Item 21)

21. If LEASED, enter the name and address of the entity from whom you are leasing the premises.

Name of Landlord Employer's Identification Number

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

LESSEE INFORMATION

22. List all organizations which plan to lease the location in Item 16 directly from the organization the license is being transferred to. (Attach additional sheets if necessary.)

Name of Organization	Organizaton's Taxpayer Number	Rent Per Occasion
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

23. If the transferred license is to remain at the same playing location, is *Schedule M Licensed Conductor Notification* attached? YES NO

CERTIFICATION FOR LICENSE TO LEASE BINGO PREMISES

24. Has a license to lease bingo premises been held, or is a license currently held at the playing location named in Item 16?

YES (go to item 26) NO (go to Item 25)

25. The following certificate must be completed by the County Clerk or City Secretary for the county or city in which you are proposing to lease premises for the conduct of charitable bingo. If the County Clerk certifies that the location of the playing premises is not inside the boundaries of an incorporated city or town, the City Secretary's Certification need not 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 listed in Item 15 and sought to be licenses herein (IS) (IS NOT) inside the bounds of an incorporated city or town.

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 listed in Item 15 and sought to be licensed herein. I further certify that such location is inside the boundaries of the city or town and is not prohibited by local option election.

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

X _____
City Secretary/Clerk

SEAL

City Secretary of _____
Name of City

DECLARATION OF CURRENT LICENSE HOLDER

26. To be completed by the current license holder.

I/We, the undersigned request that the license to lease bingo premises currently held by _____
(Organization's name as it appears on the bingo license)

to be transferred to _____ effective _____ as agreed upon at _____
(New entity's name as it appears on the organizing instrument) (MM/DD/YYYY)

a meeting held by our organization on _____
(MM/DD/YYYY)

sign here ▶ _____ | _____ | _____
Sole Owner, Partner, LLC Member, or Officer of the Organization Print Name and Title Date

sign here ▶ _____ | _____ | _____
Partner, LLC Member, or Officer of the Organization Print Name and Title Date

27. If a corporation, submit a copy of the corporate resolution approving the transfer of the license.

Attached

CERTIFICATION 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.

28. I/WE the undersigned, declare that (except as noted below):

- No person named in this application or supplement, during the proceeding ten (10) years, has been convicted of a felony, criminal fraud, gambling, gambling related offense, or crime of moral turpitude, served any sentence, parole, mandatory supervision, or probation for such an offense;
- No public officer receives any consideration, direct or indirect, as owner or lessor of the premises where bingo will be played;
- No person named in this application or its supplement has extended credit to, loaned money to, paid, or provided for the payment of license fees for an authorized organization applying to play on the premises for which the application is made;
- No person named in this application or its supplement is a distributor or manufacturer of bingo equipment, devices, supplies, or automated bingo services, is a shareholder, officer, director, or holder of any financial interest in a distributor or manufacturer in this state;
- No person with over a ten percent (10%) interest in the applicant's business is either married to or related in the first degree to any person referenced in the above declaration.
- The above-referenced declarations would also apply to all persons who are active in applicant's business or employed by the applicant.

EXCEPTION(S) — Explain: _____

I/WE 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 I/We are in all respects the real party in interest in the leased premises, that I/We are not acting as an undisclosed agent or trustee for the real party in interest and that all statements in this application and any attachments are true and correct to the best of my/our knowledge and belief. I/we further certify that an authorized meeting was held by our organization in which the acceptance of the transferred license to lease bingo premises was approved.

sign here ▶ _____ | _____ | _____
 Sole Owner, Partner, LLC Member, or Officer of the Organization Print Name and Title Date

sign here ▶ _____ | _____ | _____
 Partner, LLC Member, or Officer of the Organization Print Name and Title Date

29. Submit a copy of the corporate resolution accepting the transfer of the license if the license is being transferred to a corporation.

- Attached