



Charitable Bingo Division

Texas Application for a Temporary License to Conduct Charitable Bingo / Non-Annual License Holder – Section 1

B-AP-117-T-1 (NA) (Rev. 6/07)

FOR T.L.C. USE ONLY

Amount Paid \$ _____

Postmark Date _____

TAXPAYER INFORMATION

PLEASE PRINT LEGIBLY OR TYPE

1. Name of Organization 2. Taxpayer Number (if issued)

3. Mailing Address (Do not give directions, i.e., 5 miles north of I-20.)

City State ZIP Code County

Organization Website Address Fax Number (Area Code & Number)

Individual's Name to Contact Phone Number (Area Code & Number)

Alternate Phone Number (Area Code & Number) E-mail Address (optional)

BINGO OCCASIONS

NOTE: This application must be received at least thirty (30) working days prior to the first bingo occasion being requested.

4. Enter the date(s) of the temporary bingo occasion(s). 5. Day of the week (Mon., Tues., etc.) and time the bingo occasion(s) will be played. Indicate if times are AM or PM.

1. Month Day Year Day Time AM PM to AM PM

2. Month Day Year Day Time AM PM to AM PM

3. Month Day Year Day Time AM PM to AM PM

4. Month Day Year Day Time AM PM to AM PM

5. Month Day Year Day Time AM PM to AM PM

6. Month Day Year Day Time AM PM to AM PM

ORGANIZATION LOCATION

6. Name of organization's primary business office (If no business office, indicate the principle residence of your CEO)

Physical address of your organization's primary business office (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

Name of Organization _____ Taxpayer Number (if issued) _____

PLAYING LOCATION

Information about the location at which the game will be conducted:

7. _____
Name of location

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 _____

Playing Location Phone Number (Area Code & Number) _____

8. Is this location inside the city limits of the city named in Item 7? YES NO
9. Is this location in the same county as the authorized organization's primary business office address? YES NO

10. How is the location controlled by your organization? **Own** (List date acquired _____ / _____ / _____ and go to item 14)
 Lease, including use of facilities free of charge (go to Item 11)

LESSOR INFORMATION

11. _____
Name of entity from whom you are leasing premises _____ Lessor's Taxpayer 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 _____

12. 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. \$ _____

13. What is the maximum seating capacity for bingo? _____

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.

14. License Fee _____ X \$25.00 = \$ _____
Total # of occasions applied for _____ Total fee due _____

PRIMARY OPERATOR

Enter the name 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 19, and this name will appear on your license.

15. _____
Name (LAST, FIRST, MIDDLE INITIAL)

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 Number (Area Code & Number) _____

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

Name of Organization _____ Taxpayer Number (if issued) _____

16. Enter the name of the active officer of your organization who will be signing the Affidavit of Responsibility in Item 19.

Name (LAST, FIRST, MIDDLE INITIAL) _____
Social Security Number _____ Driver's License Number _____ State _____
Home Address (Street Address, P.O. 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 _____ Gender (M/F) _____ Date of Birth (MM, DD, YYYY) _____ E-mail Address (optional) _____

CERTIFICATION FOR LICENSE TO CONDUCT CHARITABLE BINGO

17. Has a license been held, or is a license currently held by any organization at the playing location named in Item 7? YES NO
18. The following certificate must be completed by the County Clerk or City Secretary for the county or city in which you are proposing to conduct charitable bingo.

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) (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.**

19. 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 person named in this application 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