



Schedule A1 – Abandoned Bingo Premises Certification

(Rev. 4/09)

WHO SHOULD SUBMIT THIS SCHEDULE

Schedule A1 must be completed and signed by 1) the licensed commercial lessor who leases to an organization who has abandoned or will abandon the bingo premises, and 2) all persons who have direct knowledge of the pertinent events associated with the organization abandoning or planning to abandon the bingo premises. This form should be submitted in conjunction with a *Texas Application to Amend a License to Conduct Charitable Bingo – Abandonment or Lease Termination* form.

FORM SUBMISSION

By mail: Charitable Bingo Operations Division, Texas Lottery Commission, PO Box 16630, Austin, TX 78761-6630 **Via Fax:** (512) 344-5142

For assistance in completing this form, please call 1-800-BINGO-77 (1-800-246-4677) or visit our Web site at www.txbingo.org.

GENERAL INSTRUCTIONS

- Please print legibly or type.
- A minimum of one Certified Statement of Events is required.
- Each person submitting a certified statement must disclose their name and telephone number.
- If additional sheets are attached to the certified statement, please ensure that the appropriate box is checked and that the statement is signed and dated by the person making the statement.
- The Commercial Lessor Statement must be signed by two (2) officers, LLC members, or partners as applicable. If the applicant is a sole owner or there is only one officer or LLC member, one (1) signature is required. The individual(s) signing must also be listed in the applicable position(s) on the lessor's bingo record.

Name of Organization Filing Amendment Application	Taxpayer Number
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COMMERCIAL LESSOR STATEMENT

Name of Organization Abandoning the Bingo Premises	Taxpayer Number
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I/we certify that to the best of our knowledge and belief, the above organization abandoned the bingo premises on

Month (MM)	Day (DD)	Year (YYYY)

Was the bingo license removed by the abandoning organization? Yes No (If no, submit the license copy with this form.)

I/we certify that to the best of our knowledge and belief, the above organization will abandon the bingo premises on

Month (MM)	Day (DD)	Year (YYYY)

OR Date Unknown

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

CERTIFIED STATEMENT OF EVENTS

Please describe the circumstances and pertinent events surrounding the organization abandoning the premises. If the organization has not yet abandoned the premises, please provide an explanation of why you believe the organization will abandon the premises. Attach copies of any supporting documents.

1. _____

I certify that this statement is true and complete.

Additional sheets or documents attached

Print Name

Daytime Telephone Number (Area Code and Number)

sign here ▶ _____
Date

CERTIFIED STATEMENT OF EVENTS

2. _____

I certify that this statement is true and complete.

Additional sheets or documents attached

Print Name

Daytime Telephone Number (Area Code and Number)

sign here ▶ _____
Date