



Schedule L – Individuals for Commercial Lessor License

(Rev. 8/07)

WHO MUST SUBMIT THIS SCHEDULE

Use Schedule L to list all partners, officers, directors, LLC members and shareholders (holding any percentage of ownership) of your organization who have not previously been disclosed to the Charitable Bingo Operations Division.

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 INFORMATION

- This form may only be submitted with a commercial lessor license application.
- Please type or print legibly and complete all information requested for each name listed. We are unable to process individuals with illegible, missing or incomplete information.
- If additional space is required, copy this page and attach it to the application.
- The information requested below is necessary to conduct a criminal history background investigation which is authorized under the Bingo Enabling Act, Occupations Code, Chapter 2001.
- The name entered should be as it appears on the individual's official documents such as a driver's license. Do not use nicknames.
- Entry of a personal e-mail address is optional and would be used for electronic communication by the Texas Lottery Commission.

Name of Organization	Taxpayer Number

A.
Name (LAST, FIRST, MIDDLE INITIAL)

B. <input style="width: 95%;" type="text"/> Social Security Number	C. <input style="width: 85%;" type="text"/> <input style="width: 10%;" type="text"/> Driver's License Number State
--	--

D.
Home Address (Street Address, P.O. Box or Rural Route)

<input style="width: 95%;" type="text"/> City	<input style="width: 95%;" type="text"/> State	<input style="width: 95%;" type="text"/> ZIP Code	E. <input style="width: 95%;" type="text"/> Phone Number (Area Code & Number)
--	---	--	---

F. <input style="width: 95%;" type="text"/> Race	G. <input type="checkbox"/> M <input type="checkbox"/> F Gender	H. <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> Date of Birth (Month, Day, Year)	I. <input style="width: 95%;" type="text"/> E-mail Address (optional)
--	---	--	---

J. Position (Check all that apply) 01 - Sole Owner 02 - Partner 03 - Director 04 - Officer 05 - Shareholder 09 - Business Contact 13 - LLC Member

A.
Name (LAST, FIRST, MIDDLE INITIAL)

B. <input style="width: 95%;" type="text"/> Social Security Number	C. <input style="width: 85%;" type="text"/> <input style="width: 10%;" type="text"/> Driver's License Number State
--	--

D.
Home Address (Street Address, P.O. Box or Rural Route)

<input style="width: 95%;" type="text"/> City	<input style="width: 95%;" type="text"/> State	<input style="width: 95%;" type="text"/> ZIP Code	E. <input style="width: 95%;" type="text"/> Phone Number (Area Code & Number)
--	---	--	---

F. <input style="width: 95%;" type="text"/> Race	G. <input type="checkbox"/> M <input type="checkbox"/> F Gender	H. <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> Date of Birth (Month, Day, Year)	I. <input style="width: 95%;" type="text"/> E-mail Address (optional)
--	---	--	---

J. Position (Check all that apply) 01 - Sole Owner 02 - Partner 03 - Director 04 - Officer 05 - Shareholder 09 - Business Contact 13 - LLC Member

Name of Organization _____ Taxpayer Number _____

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

B. _____ **C.** _____
Social Security Number Driver's License Number State

D. _____
Home Address (Street Address, P.O. Box or Rural Route)

City State ZIP Code **E.** _____
Phone Number (Area Code & Number)

F. _____ **G.** M F **H.** _____ **I.** _____
Race Gender Date of Birth (Month, Day, Year) E-mail Address (optional)

J. Position (Check all that apply) 01 - Sole Owner 02 - Partner 03 - Director 04 - Officer 05 - Shareholder 09 - Business Contact 13 - LLC Member

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

B. _____ **C.** _____
Social Security Number Driver's License Number State

D. _____
Home Address (Street Address, P.O. Box or Rural Route)

City State ZIP Code **E.** _____
Phone Number (Area Code & Number)

F. _____ **G.** M F **H.** _____ **I.** _____
Race Gender Date of Birth (Month, Day, Year) E-mail Address (optional)

J. Position (Check all that apply) 01 - Sole Owner 02 - Partner 03 - Director 04 - Officer 05 - Shareholder 09 - Business Contact 13 - LLC Member

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

B. _____ **C.** _____
Social Security Number Driver's License Number State

D. _____
Home Address (Street Address, P.O. Box or Rural Route)

City State ZIP Code **E.** _____
Phone Number (Area Code & Number)

F. _____ **G.** M F **H.** _____ **I.** _____
Race Gender Date of Birth (Month, Day, Year) E-mail Address (optional)

J. Position (Check all that apply) 01 - Sole Owner 02 - Partner 03 - Director 04 - Officer 05 - Shareholder 09 - Business Contact 13 - LLC Member