



Schedule L1 – Parties of Interest

(Rev. 10/08)

WHO MUST SUBMIT THIS SCHEDULE

This form must be completed by all applicants for an original commercial lessor license, persons receiving ownership of a commercial lessor license through a license transfer or persons purchasing stock in a corporation which holds a commercial lessor license. Use this form to disclose the name and address of each person who has a financial interest in or who is in any capacity a real party of interest in the applicant's business, as it pertains to the commercial lessor license, in compliance with Section 2001.156(b)(1) of the Bingo Enabling Act.

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

- Please type or print legibly.
- All persons with a financial interest, in any manner or amount, should be disclosed.
- For our purposes, a real party of interest is a person or entity who will benefit from the license even though the applicant may be someone else.
- Provide a brief explanation of the interest being disclosed in the space provided.
- Attach additional sheets if necessary.

Name of Organization	Taxpayer Number

1.
Name of Person

Phone Number (Area Code & Number)

Mailing Address (Street Address, PO Box, or Rural Route)

<input style="width:95%; border: 1px solid black;" type="text"/> City	<input style="width:95%; border: 1px solid black;" type="text"/> State	<input style="width:95%; border: 1px solid black;" type="text"/> ZIP Code
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Type of Interest: Financial Interest Real Party of Interest

Explanation of Interest: _____

2.
Name of Person

Phone Number (Area Code & Number)

Mailing Address (Street Address, PO Box, or Rural Route)

<input style="width:95%; border: 1px solid black;" type="text"/> City	<input style="width:95%; border: 1px solid black;" type="text"/> State	<input style="width:95%; border: 1px solid black;" type="text"/> ZIP Code
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Type of Interest: Financial Interest Real Party of Interest

Explanation of Interest: _____

Name of Organization

Taxpayer Number

3. _____
Name of Person

Phone Number (Area Code & Number)

Mailing Address (Street Address, PO Box, or Rural Route)

City

State

ZIP Code

Type of Interest: Financial Interest Real Party of Interest

Explanation of Interest: _____

4. _____
Name of Person

Phone Number (Area Code & Number)

Mailing Address (Street Address, PO Box, or Rural Route)

City

State

ZIP Code

Type of Interest: Financial Interest Real Party of Interest

Explanation of Interest: _____

5. _____
Name of Person

Phone Number (Area Code & Number)

Mailing Address (Street Address, PO Box, or Rural Route)

City

State

ZIP Code

Type of Interest: Financial Interest Real Party of Interest

Explanation of Interest: _____
