



Schedule Q – Licensing History

(Rev. 9/09)

WHO MUST SUBMIT THIS SCHEDULE

Schedule Q must be submitted by an applicant for an original manufacturer or distributor license that holds, or has previously held, a manufacturing, distributing or suppliers license issued by another state. Use this form to provide a brief history of your licensing activities. This form may also be submitted by licensed manufacturers and distributors to notify the commission of any new licenses received or of any changes to previously disclosed licenses held in other states.

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.
- Original license applicants should list all manufacturer, distributor and supplier licenses which have ever been issued to the applicant by another state. This does not include Indian tribes, jurisdictions which do not require licensing or Canadian providences.
- If this form is being used by a current licensee to notify the commission of a new license or a change in the status of a license previously disclosed, list only the state record which is changing or being added.
- This form should be signed by a current officer, LLC member, sole owner or partner.
- Any changes to the information contained on this form must be submitted within fourteen (14) days of the change.

Name of Organization	Taxpayer Number
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State	License Number	<input type="checkbox"/> Manufacturer License Type	<input type="checkbox"/> Distributor	<input type="checkbox"/> Supplier	Year Initially Licensed (MM, DD, YYYY)
Is this license active?					
<input type="checkbox"/> YES - If this is a notification of a new license, enter the date the license was issued: _____					
<input type="checkbox"/> NO - Date of license termination: _____					
Has this license been: (check all that apply)					
<input type="checkbox"/> Revoked <input type="checkbox"/> Denied <input type="checkbox"/> Suspended <input type="checkbox"/> Withdrawn <input type="checkbox"/> Canceled <input type="checkbox"/> Surrendered					
For all license actions that apply, attach an explanation and copies of all relevant documentation.					

State	License Number	<input type="checkbox"/> Manufacturer License Type	<input type="checkbox"/> Distributor	<input type="checkbox"/> Supplier	Year Initially Licensed (MM, DD, YYYY)
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For all license actions that apply, attach an explanation and copies of all relevant documentation.					

The above information is true and correct to the best of our knowledge and belief.

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