



Charitable Bingo Operations Division

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

B-AP-117-T-1 (NA) (Rev. 9/09)

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 or adjacent county as the authorized organization's primary business office address? YES NO

10. How is the location controlled by your organization? Own 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

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.

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

OPERATOR

Enter the name of the active member of the organization who will serve as the 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 18 and this name will appear on your license.

13. 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 Date of Birth (MM, DD, YYYY) E-mail Address (optional)

Name of Organization Taxpayer Number (if issued)

BINGO CHAIRPERSON

14. Enter the name and all requested information for the officer or member of your board of directors who will serve as the Bingo Chairperson for your organization. This individual is responsible for overseeing the organization's bingo activities and reporting back to the membership about those activities.

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 Date of Birth (MM, DD, YYYY) E-mail Address (optional)

15. Position(s) held by the Bingo Chairperson: 03 - Director 04 - Officer

CERTIFICATION FOR LICENSE TO CONDUCT CHARITABLE BINGO

16. Has a license been held, or is a license currently held by any organization at the playing location named in Item 7? YES NO If "YES," proceed to Item 18 If "NO," proceed to Item 17

17. 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. If the County Clerk certifies that the proposed playing location is in a county in which bingo is legalized and not inside the boundaries of an incorporated city or town, the City Secretary's certification is not required.

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

