



Charitable Bingo Operations Division

Texas Application for a Temporary License to Conduct Charitable Bingo / Regular License Holder – Section 2

B-AP-117-T2 (A) (Rev. 9/09)

TAXPAYER INFORMATION

PLEASE PRINT LEGIBLY OR TYPE

1. Name of Organization, 2. Taxpayer Number, 3. Mailing Address, City, State, ZIP Code, County, Organization Website Address, Fax Number, Individual's Name to Contact, Phone Number, Alternate Phone Number, E-mail Address (optional)

PLAYING LOCATION

Information about the location at which the game will be conducted:

4. Name of location, Address, City, State, ZIP Code, County, Playing Location Phone Number, 5. Is this location inside the city limits of the city named in Item 4?, 6. Is this location in the same county or an adjacent county as the authorized organization's primary business office address?, 7. How is the location controlled by your organization?

LESSOR INFORMATION

8. Name of entity from whom you are leasing premises, Lessor's Taxpayer Number, Mailing Address, City, State, ZIP Code

Name of Organization

Taxpayer Number (if issued)

BINGO OCCASIONS

NOTE: This application must be received seven (7) working days prior to your scheduled event.

9. Enter the date(s) of the temporary bingo occasion(s).*

*Organizations whose annual license for a two year period may not exceed twelve (12) temporary occasions in each year of the two year license period.

10. 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
7.	_____ Month	_____ Day	_____ Year	_____ Day	_____ Time	AM PM to	AM PM
8.	_____ Month	_____ Day	_____ Year	_____ Day	_____ Time	AM PM to	AM PM
9.	_____ Month	_____ Day	_____ Year	_____ Day	_____ Time	AM PM to	AM PM
10.	_____ Month	_____ Day	_____ Year	_____ Day	_____ Time	AM PM to	AM PM
11.	_____ Month	_____ Day	_____ Year	_____ Day	_____ Time	AM PM to	AM PM
12.	_____ Month	_____ Day	_____ Year	_____ Day	_____ Time	AM PM to	AM PM

LICENSE FEE

11. Payment of the required license fee must be submitted with this application unless a temporary license fee escrow account credit exists. The fee for a temporary license is twenty-five dollars (\$25) per occasion.

Use our organization's existing temporary license fee credit for payment.

Please transfer the fee credit from our amendment license fee account for payment.

Payment enclosed. _____ X \$25.00 = \$ _____
Total # of occasions applied for Total fee due

Accounting Unit Member – Transfer \$ _____ from _____, _____ Taxpayer Number _____
Amount Other Accounting Unit Member Name

Unit Identification Number Account (Temporary or Amendment) for payment. _____
Signature of Designated Agent for Unit (Required)

Name of Organization

Taxpayer Number (if issued)

CERTIFICATION FOR LICENSE TO CONDUCT CHARITABLE BINGO

12. Has a license been held, or is a license currently held by any organization at the playing location named in Item 4? YES If "YES," proceed to Item 14 NO If "NO," proceed to Item 13

13. The following section must be completed by either the County Clerk or City Secretary for the county or city in which you are proposing to conduct charitable bingo. In the case where the proposed playing location is within the boundaries of an incorporated city or town, the City Secretary's Certificate should be completed. If the proposed playing location is not inside the boundaries of an incorporated city or town, the County Clerk's Certificate should be completed.

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 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

CERTIFICATION OF RESPONSIBILITY

14. We declare that: 1) all information regarding the organization named in this application currently on record with the Texas Lottery Commission remains complete and valid as originally submitted or subsequently amended, 2) we have read, understand and will abide by the provisions of the Bingo Enabling Act and Charitable Bingo Administrative Rules, and 3) all statements in this application are true and correct to the best of our knowledge and belief.

sign here ▶
sign here ▶

_____ BINGO Chairperson (cannot sign as Operator)

_____ Print Name and Title Date

_____ Operator

_____ Print Name and Title Date