



Charitable Bingo Operations Division

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

B-AP-117-T-2 (NA) (Rev. 9/09)

CONDUCTOR

FOR T.L.C. USE ONLY

Amount Paid \$ \_\_\_\_\_

Postmark Date \_\_\_\_\_

TAXPAYER INFORMATION

PLEASE PRINT LEGIBLY OR TYPE

1. \_\_\_\_\_
Name of Organization

2. \_\_\_\_\_
Mailing 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

Individual's name to contact (PLEASE PRINT) \_\_\_\_\_

Phone number of contact person (Area Code & Number) \_\_\_\_\_

Organization's fax number (Area Code & Number) \_\_\_\_\_

Organization's/contact's E-mail address (optional) \_\_\_\_\_

Organization's Web site address (optional) \_\_\_\_\_

3. Type of non-profit organization (check one): 1-Religious 2-Medical 3-Fraternal 4-Volunteer Fire Department 5-Veteran\* 6-National Historical District Association 7-Volunteer Emergency Medical Services Provider
\*Is this veteran's organization chartered by the US Congress? Yes No

4. Is this organization affiliated with a state or a national organization? YES NO

If YES, enter the name of the organization and the state or national address.

\_\_\_\_\_
\_\_\_\_\_

5. Does this organization now have a 501(c) exemption from the Internal Revenue Service (IRS)? YES NO

6. Has your organization filed Form 990 with the IRS in the past? YES NO

7. Enter your nine (9) digit Federal Employer Identification Number (EIN), if any. \_\_\_\_\_

8. Enter your organization's eleven (11) digit Texas Vendor Identification Number \_\_\_\_\_

9. If this organization IS a corporation, enter the following:

State Texas Charter or COA Number Date (MM/DD/YYYY)

10. If this organization is NOT a corporation, describe the method of organization such as bylaws, constitution, charter, etc.

Method of Organization Date (MM/DD/YYYY)

11. Does your organization distribute any of your income to members, officers, or governing body except as reasonable compensation for services?

YES (describe below) NO

\_\_\_\_\_
\_\_\_\_\_

Name of Organization \_\_\_\_\_ Taxpayer Number (if issued) \_\_\_\_\_

**BINGO OCCASIONS**

**NOTE: This application must be received at least thirty (30) working days prior to the first bingo occasion being requested.**

12. Enter the date(s) of the temporary bingo occasion(s).

13. Day of the week (Mon., Tues., etc.) and time the bingo occasion(s) will be played. Indicate if times are AM or PM.

Month	Day	Year
Month	Day	Year
Month	Day	Year
Month	Day	Year
Month	Day	Year
Month	Day	Year

Day	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM to	<input type="checkbox"/> AM <input type="checkbox"/> PM
Day	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM to	<input type="checkbox"/> AM <input type="checkbox"/> PM
Day	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM to	<input type="checkbox"/> AM <input type="checkbox"/> PM
Day	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM to	<input type="checkbox"/> AM <input type="checkbox"/> PM
Day	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM to	<input type="checkbox"/> AM <input type="checkbox"/> PM
Day	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM to	<input type="checkbox"/> AM <input type="checkbox"/> PM

**ORGANIZATION LOCATION**

14. \_\_\_\_\_  
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 \_\_\_\_\_

This location is:  business office  principle residence of the CEO

**PLAYING LOCATION**

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

15. \_\_\_\_\_  
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)

16. Is this location inside the city limits of the city named in Item 15?  YES  NO
17. Is this location in the same or adjacent county as the authorized organization's primary business office address?  YES  NO
18. How is the location controlled by your organization?  **Own** (List date acquired \_\_\_\_\_ and go to item 20)  
 **Lease**, including use of facilities free of charge (Enclose a copy of the meeting minutes where your organization voted to conduct bingo. Go to item 19.)

**LESSOR INFORMATION**

19. \_\_\_\_\_  
Name of entity from whom you are leasing premises

\_\_\_\_\_   
Lessor's Taxpayer Number

Name of Organization \_\_\_\_\_ Taxpayer Number (if issued) \_\_\_\_\_

**OPERATOR**

Enter the name and specific information requested 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 26.

20. \_\_\_\_\_  
Name (LAST, FIRST, MIDDLE INITIAL)

\_\_\_\_\_ Social Security Number      \_\_\_\_\_ Driver's License Number      \_\_\_\_\_ State

\_\_\_\_\_ Home Address (Use 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       M       F      \_\_\_\_\_ Date of Birth (MM/DD/YYYY)      \_\_\_\_\_ E-mail Address (optional)

**BINGO CHAIRPERSON**

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.

21. \_\_\_\_\_  
Name (LAST, FIRST, MIDDLE INITIAL)

\_\_\_\_\_ Social Security Number      \_\_\_\_\_ Driver's License Number      \_\_\_\_\_ State

\_\_\_\_\_ Home Address (Use 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       M       F      \_\_\_\_\_ Date of Birth (MM/DD/YYYY)      \_\_\_\_\_ E-mail Address (optional)

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

**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.

23. License Fee \_\_\_\_\_ X twenty-five dollars (\$25) = \$ \_\_\_\_\_  
Total number of occasions applied for      Total fee due

**CERTIFICATION FOR LICENSE TO CONDUCT CHARITABLE BINGO**

24. Has a license been held or is a license currently held, by any organization, at the playing location named in Item 15?       YES       NO  
If "YES," proceed to Item 26      If "NO," proceed to Item 25
25. 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.

Name of Organization

Taxpayer Number (if issued)

### 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

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Taxpayer Number (if issued)

**CERTIFICATION OF RESPONSIBILITY**

**You are certifying on a State of Texas License Application that the information provided is true and correct. There is a substantial penalty for a fraudulent application.**

**26.** We, the undersigned, declare that the organization identified in this application is a bona fide non-profit organization, that we are active members of the organization, that we will be responsible for conducting charitable bingo games and filing all required returns in accordance with the provisions of the Texas Bingo Enabling Act (BEA) and Charitable Bingo Administrative Rules (CBAR), and that all net proceeds derived from charitable bingo games will be used for charitable purposes as defined in the BEA. We further declare that no person named in this application, any officer or director of the organization or any person who will supervise or work at the bingo occasion has ever been convicted of a felony, gambling offense, criminal fraud, or a crime of moral turpitude for which ten (10) years have not elapsed since the termination of any sentence, parole, mandatory supervision, or probation served for the offense. We further declare that if granted a license to conduct charitable bingo, a member of the organization identified in this application designated as an operator will be present at and in charge of each and every charitable bingo game played under this license. We further declare that this license will not be sold, rented, transferred, or otherwise assigned to any group or individual. We further declare that we will keep accurate records of all charitable bingo proceeds and expenses subject to audit by the Texas Lottery Commission. We understand that the failure to abide by the provisions of the BEA and CBAR could subject the signers of this application to possible criminal prosecution and the revocation of this license.

We further certify that all statements in this application and any attachments are true and correct to the best of our knowledge and belief. We, the undersigned, declare that as an officer of the organization and Bingo Chairperson, we have read and will abide by the above statement.

**For Fraternal Organizations Only**

We further declare our organization will not authorize a person on behalf of our membership, governing body, or officers to support or oppose a particular candidate for public office by making political speeches; passing out cards or other political literature; writing letters; signing or circulating petitions; making campaign contributions; or soliciting votes.

**sign here** ▶

\_\_\_\_\_  
Bingo Chairperson (cannot sign as Operator)

\_\_\_\_\_  
Print Name and Title  
\_\_\_\_\_  
Date

**sign here** ▶

\_\_\_\_\_  
Operator

\_\_\_\_\_  
Print Name and Title  
\_\_\_\_\_  
Date