



Charitable Bingo Division

OTHER

Texas Supplement to Add Individuals to Bingo License

B-AP-124-L (Rev. 5/07)

WHO MUST SUBMIT THIS FORM

You must submit this schedule to disclose all officers, directors, partners, LLC members, positions of ownership (sole owner, partner, or shareholder holding a ten percent (10%) or more proprietary, equitable, or credit interest), credit interest holders or representative/agents if applying for a manufacturer, distributor or system service provider license. This schedule would also be used to add position(s) to individuals previously listed on your bingo record.

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 and complete all information requested for each name listed. We are unable to process individuals with illegible, missing, or incomplete information. The information requested below is necessary to conduct a criminal history background investigation which is authorized under the Bingo Enabling Act, Occupations Code, Chapter 2001. This form must have the signatures of two (2) officers, two (2) LLC members, or two (2) partners of the organization. If the licensee is a sole owner, only one (1) signature is required. The name entered should be as it appears on the individual's official documents such as a driver's license. Do not use nicknames. Entry of a personal e-mail address is optional and would be used for electronic communication by the Texas Lottery Commission. For our purposes, a representative/agent is defined as a person who directly markets your products to Texas customers. Position titles followed by an * require the individual to complete Schedule V - Personal Background Disclosure Form and submit a DPS or FBI fingerprint card. If a person indicates in item K that they, their spouse or anyone related in the first degree by blood or through marriage is an owner of any percentage, officer, shareholder, LLC member, director, agent, or employee of any bingo licensee, provide (1) the name of the affiliated licensee (2) the name of the individual who is affiliated with the other licensee (3) the relationship of the affiliated individual to the applicant (4) the position(s) held by the person for the affiliated licensee and (5) the ownership percentage, if applicable on a supplemental page. Notification of individual additions or deletions required to be listed on your bingo license record must be done within 10 days of the change. To remove an individual's name and position from the bingo record, a written request must be made to the Commission by the individual being removed or an officer of the organization.

Name of Organization (PRINT LEGIBLY OR TYPE) Taxpayer Number

A. Name (LAST, FIRST, MIDDLE INITIAL)

B. Social Security Number C. Driver's License Number State

D. 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 E. Phone Number (Area Code & Number)

F. Race G. Gender (M/F) H. Date of Birth (Month, Day, Year) I. E-mail Address (optional)

J. Position (Check all that apply) 01 - Sole Owner* 02 - Partner* 03 - Director* 04 - Officer* 05 - Shareholder* 09 - Business Contact 13 - LLC Member* 10 - Representative/Agent 11 - Credit Interest Holder

K. Is this person, their spouse or anyone related in the first degree by blood or through marriage and owner of any percentage, officer, shareholder, LLC member, director, agent, or employee of any bingo licensee? YES (Attach supplemental information listed above) NO

AFFIDAVIT OF RESPONSIBILITY

We declare that no person named in this supplement, during the preceding ten (10) years, has been convicted of a felony, criminal fraud, gambling related offense, or crime of moral turpitude, or served any sentence, parole, mandatory supervision, or probation for such offense.

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

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