



# Texas Application to Amend a License to Conduct Charitable Bingo

B-AP-123 (Rev. 7/10)

<b>FOR T.L.C. USE ONLY</b>
Amount Paid \$ _____
Postmark Date _____

### TAXPAYER INFORMATION

PLEASE PRINT LEGIBLY OR TYPE

Check this box if you are amending your organization name.

1.  Taxpayer Number      2.  Name of Organization

3.  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       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)

### REQUESTED EFFECTIVE DATE

4. Date you wish to begin conducting bingo under the amended license:

Effective the earliest possible date      OR       Effective  MM  DD  YYYY

### AMENDING FROM ADMINISTRATIVE HOLD STATUS

5. Is your license currently in an Administrative Hold status?       YES       NO

If yes, please tell us what circumstances or events enabled your organization to file this application to amend the license out of "Administrative Hold" status: \_\_\_\_\_

### PLAYING TIMES

6.  Check this box to change the day(s) and time(s) games will be conducted (enter the entire new schedule for the organization including any days and times that are not changing.)

Day	Begin Time	End Time	Day	Begin Time	End Time	Day	Begin Time	End Time
<input type="text"/>	<input type="text"/> AM <input type="text"/> PM to	<input type="text"/> AM <input type="text"/> PM	<input type="text"/>	<input type="text"/> AM <input type="text"/> PM to	<input type="text"/> AM <input type="text"/> PM	<input type="text"/>	<input type="text"/> AM <input type="text"/> PM to	<input type="text"/> AM <input type="text"/> PM
First Occasion			Second Occasion			Third Occasion		

### ORGANIZATION LOCATION

7.  Check this box to change your primary business address at which you conduct your meetings and principle business. (Attach meeting minutes) (The primary business address is where your business records are maintained.)

Name of organization and primary business address where business records are maintained

Physical Address (Do Not enter PO Box or Directions, i.e., 5 miles north of I-20)

City       State       ZIP Code       County

8. Has the organization, at a meeting of the membership, voted to change the primary business address?

YES      Attach a copy of the meeting minutes.

9. Is this organization affiliated with a state or national organization?

YES       NO      If "YES," submit a copy of approval from the state or national organization regarding the change of primary business office address *if* there is a change in county.

**PLAYING LOCATION**

10.  Check this box to change the location at which games will be played. (Attach meeting minutes\* and current license copy with this application.)

\_\_\_\_\_

Name of location where bingo games will be played

\_\_\_\_\_

Physical Address of your playing location (Do Not enter PO Box or Directions, i.e., 5 miles north of I-20)

\_\_\_\_\_

City State ZIP Code County

\_\_\_\_\_

Playing Location Phone Number (Area Code & Number)

11. Is this location inside the city limits of the city named in Item 10?  YES  NO

12. How is the location controlled by your organization?  Own (List date acquired \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ and go to Item 14)

Lease, including use of facilities free of charge (go to Item 13)

\*Meeting minutes should 1) indicate that the organization voted to move playing locations, 2) contain exact playing location name and address, and 3) be signed by an officer with the statement, "I certify that these minutes to be true and complete."

**LESSOR INFORMATION**

13. \_\_\_\_\_

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 County

**BINGO CHAIRPERSON**

14.  Check this box if there is a change of Bingo Chairperson.

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

\_\_\_\_\_

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

M  F

Gender

\_\_\_\_\_

MM

\_\_\_\_\_

DD

\_\_\_\_\_

YYYY

\_\_\_\_\_

E-mail Address (optional)

Date of Birth

Position (Check all that apply)  03 - Director  04 - Officer  07 - Operator  15 - Chairperson

\_\_\_\_\_

Worker Registry Number

**CERTIFICATION OF RESPONSIBILITY**

15. We declare that: 1) all information regarding the organization named in this application is complete and valid, 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 ▶ \_\_\_\_\_

Bingo Chairperson (cannot sign as Operator)

\_\_\_\_\_

Print Name and Title

\_\_\_\_\_

Date

sign here ▶ \_\_\_\_\_

Operator

\_\_\_\_\_

Print Name and Title

\_\_\_\_\_

Date