



Charitable Bingo Operations Division

Texas Application for a License to Lease Bingo Premises

B-AP-119 (Rev. 5/10)

LESSOR

FOR T.L.C. USE ONLY

Amount Paid \$ _____

Postmark Date _____

TAXPAYER INFORMATION

PLEASE PRINT LEGIBLY OR TYPE

1. Legal Name of Applicant

2. 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

Individual's Name to Contact

Organization Phone Number (Area Code & Number)

Individual's Contact Number (Area Code & Number)

Organization Fax Number

Individual's E-mail Address (Optional)

OWNERSHIP INFORMATION

3. Indicate how your business is owned (check only one type) 1-Sole Ownership (complete Item 4) 2-Partnership 9-Limited Liability Company (LLC) 3-Texas Corporation 6-Foreign Corporation 8-Association 4-Other (specify)

4. If you are the sole owner, enter the following information. NOTE: If your business is not a sole ownership, complete Schedule L listing all partners, officers, directors, shareholders, and any other persons having a financial interest in your business.

Name (LAST, FIRST, MIDDLE INITIAL)

2 Social Security Number

Driver's License Number / Identification 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 (Area Code & Number)

Race

Gender M F

Date of Birth (MM DD YYYY)

E-mail Address (optional)

5. Enter your nine (9) digit Federal Employer's Identification Number (EIN), if any 1

6. Enter your eleven (11) digit Texas Vendor Identification Number

7. If this organization is a corporation, enter the state of incorporation, the charter or COA number, date, and type of corporation.

State Texas Charter or COA Number MM DD YYYY

Type of corporation (check one):

P- Profit N- Non-Profit

BUSINESS CONTACT

8. Enter the following information for one (1) person who may be contacted during business hours for records or information about the applicant.

Name (LAST, FIRST, MIDDLE INITIAL)

Social Security Number

Driver's License Number / Identification 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 (Area Code & Number)

Race

Gender M F

Date of Birth (MM DD YYYY)

E-mail Address (optional)

PLAYING LOCATION

9. Enter the name of the bingo hall where games will be played _____
 Enter the phone number of the bingo hall (area code & number) _____
 Physical address of the bingo hall (Do not enter PO Box or Rural Route. Do not give directions, i.e., 5 miles north of I-20.) _____
 City _____ State _____ ZIP Code _____ County _____

10. Is this location inside the city limits named in Item 9? YES NO

11. What is the maximum seating capacity for bingo? _____

12. Will the proposed playing location share a common foundation or roof with another licensed bingo location? YES NO

13. Is this location owned or leased? Owned (list date acquired ____/____/____ and go to Item 15) Leased (go to Item 14)

14. If LEASED, enter the name and address of the entity from whom you are leasing the premises.
 Name of landlord _____
 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 _____
 Federal nine (9) digit Employer Identification Number for landlord (if known) _____

CALCULATION OF LICENSE FEE AND SECURITY

15. The fee for a license and required security is based on your estimated gross rental income. Your license class and fee and amount of security will be calculated using the formula below. Required licenses fee and security must be submitted with this application.

a. Estimated monthly gross rental income..... a. _____
 b. Number of months in a year that rent is due..... b. **x12**
 c. Estimated annual gross rental income (Multiply Item "a" by item "b")..... c. _____

d. We are applying for: One Year License Two Year License

Enter your license class (SEE TABLE BELOW) _____ License Fee \$ _____ Security Amount \$ _____

Table of License Fees and Security Amounts

Annual Rental Receipts	Class	One Year License Fee	Two Year License Fee	Security Amount
\$12,000 or less	A	\$ 100	\$ 200	\$ 50
more than \$12,000 but not more than \$20,000	B	200	400	125
more than \$20,000 but not more than \$30,000	C	300	600	175
more than \$30,000 but not more than \$40,000	D	400	800	250
more than \$40,000 but not more than \$50,000	E	600	1,200	325
more than \$50,000 but not more than \$60,000	F	900	1,800	400
more than \$60,000 but not more than \$70,000	G	1,200	2,400	475
more than \$70,000 but not more than \$80,000	H	1,500	3,000	550
more than \$80,000 but not more than \$90,000	I	2,000	4,000	625
more than \$90,000	J	2,500	5,000	1,825

Note: At the end of your first regular license period, the amount of estimated gross rental income reported in this application will be reviewed. Any deficiency of the fee due for that period must be paid prior to renewal. Any excess of the fee due will be credited to your account.

- License fee payment must be made by cashier's check, money order, or personal check made payable to the STATE COMPTROLLER.
- The Commission will accept only the following types of bonds or other security as security for the payment of gross rental tax: (1) cash or check made payable to the State Comptroller, (2) irrevocable assignments of accounts, (3) letters of credit from financial institutions, (4) United States Treasury bonds, readily convertible to cash, and (5) surety bonds.
- Processing Fees - If an application for an original license is withdrawn, the applicant's license fee may be refunded upon written request less a \$100 processing fee. If the Commission serves the applicant for an original license with a notice of application denial and the applicant later withdraws the application, the Commission will refund the applicant's license fee, less a \$400 processing fee, upon the applicant's written request.

LESSEE INFORMATION

16. List all organizations which plan to lease the location indicated in Item 9 directly from you to conduct bingo games.

Name of Organization	Organization's Taxpayer Number	Rent Per Occasion
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CERTIFICATION FOR LICENSE TO LEASE BINGO PREMISES

17. Has a license been held, or is a license currently held, at the location named in Item 9? YES (proceed to Item 19) NO (proceed to Item 18)

18. 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 lease bingo premises for the conduct of 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 listed in Item 9 and sought to be licensed herein is not inside the boundaries of an incorporated city or town.

Witness my hand and seal of office this _____ day of _____ A.D. (Year) _____

SEAL

X _____
County Clerk

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 listed in Item 9 and sought to be licensed herein. I further certify that such location is inside the boundaries of the city or town and is not prohibited by local option election.

Witness my hand and seal of office this _____ day of _____ A.D. (Year) _____

SEAL

X _____
City Secretary/Clerk

City Secretary of _____
Name of City

