



# Texas Supplement to Add Individuals to Bingo License

B-AP-124-L (Rev. 3/07)

### WHO MUST SUBMIT THIS FORM

You must submit this form if you now hold a license to lease bingo premises and are requesting to add individuals to your license or to add new positions to individuals currently listed on your bingo license.

### 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.
- 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.
- ALL NEW OFFICERS AND DIRECTORS SHOULD BE SUBMITTED ON THIS FORM WITHIN TEN (10) DAYS OF THEIR INSTALLATION. When updating your organization's officers, please enclose a request to delete each previous officer who will no longer serve.

Name of Organization	Taxpayer Number
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**A.** \_\_\_\_\_  
Name (LAST, FIRST, MIDDLE INITIAL)

**B.** \_\_\_\_\_ **C.** \_\_\_\_\_  
Social Security Number 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.** \_\_\_\_\_ **G.**  M  F **H.** \_\_\_\_\_ **I.** \_\_\_\_\_  
Race Gender Date of Birth (Month, Day, Year) 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

### 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

**sign here** ▶ \_\_\_\_\_  
Partner, LLC Member, or Officer of the Organization Print Name and Title Date

Name of Organization

Taxpayer Number

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Name (LAST, FIRST, MIDDLE INITIAL)

**B.** \_\_\_\_\_ **C.** \_\_\_\_\_  
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Race Gender Date of Birth (Month, Day, Year) E-mail Address (optional)

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