



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.** _____ **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

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