



Charitable Bingo Division

LESSOR

Schedule BB – Certification of Total Control & Exclusive Use

(Rev. 11/06)

WHO SHOULD SUBMIT THIS SCHEDULE

Schedule BB must be submitted by a commercial lessor license applicant who intends to lease the bingo premises to a single licensed authorized organization that will have total control and exclusive use of the leased location and will use the location as their primary business office. No other licensed authorized organizations will lease these premises for the conduct of bingo.

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 INSTRUCTIONS

- Please print legibly or type.
- All fields must be completed.
- The Certification by Commercial Lessor License Applicant must have the signature of an officer, partner, sole owner, or limited liability company (LLC) member, as applicable, of the organization applying for the commercial lessor license.
- The Certification by Licensed Authorized Organization must have the signature of an officer of the licensed authorized organization that intends to lease the premises.

Name of Organization Applying as a Commercial Lessor

Taxpayer Number

CERTIFICATION BY COMMERCIAL LESSOR LICENSE APPLICANT

My name is _____, I am an officer, partner, sole owner, or LLC Member of an applicant for a commercial lessor license. Said application is now pending before the Texas Lottery Commission.

I have personal knowledge of each of the facts stated herein, and each of the facts stated herein is true and correct. I am authorized to make this statement on behalf of the applicant. Pursuant to the Bingo Enabling Act, Chapter 2001, Occupations Code Sec. 2001.152(a)(3), the premises identified in such application shall be leased for the total control and exclusive use of only one (1) licensed organization as that organization's primary business office. The name of such organization is:

Name of Licensed Authorized Organization

Taxpayer Number

sign here ▶

Officer, Partner, Sole Owner, or LLC member of the Lessor Organization

Print Name and Title

Date

CERTIFICATION BY LICENSED AUTHORIZED ORGANIZATION

My name is _____, I am an officer of an organization which holds a license to conduct bingo in Texas. I am authorized to make this statement on behalf of my organization. Pursuant to Bingo Enabling Act, Chapter 2001, Occupations Code Sec. 2001.152(a)(3), the premises identified in _____ application, located at

_____, _____ shall be leased to only our organization for our total control and exclusive use as our organization's primary business office.

Street Address of Bingo Playing Location

City, State, ZIP code

sign here ▶

Officer of the Licensed Authorized Organization

Print Name and Title

Date