



# Schedule P – Statement of Funds

(Rev. 11/06)

### WHO SHOULD SUBMIT THIS APPLICATION

Schedule P must be submitted by an applicant for a commercial lessor license seeking to license a bingo premises where the applicant is not currently licensed. Use this schedule to identify the source and terms of the funds to be used to provide the proposed playing location with furniture, fixtures, equipment, utilities, or to renovate the premises to ensure compliance with Texas Occupations Code, Chapter 2001, Section 2001.153(a).

### 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.
- All attachments must be in the name of the license applicant.
- When submitting bank statements, enclose the three (3) most recent consecutive months prior to the date the application was submitted.
- Under the Expenses Section, if an expense was incurred, please provide details of the expense item such as types or number of items provided.
- This schedule must be signed by the sole owner, two (2) officers of a corporation, two (2) members of a limited liability company, or two (2) partners of a partnership, as applicable.

Name of Organization Applying as a Commercial Lessor	Taxpayer Number
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### LOCATION OF THE PREMISES

Premises Name (Name of Bingo Hall)		
Address		
City	State	ZIP code

### EXPENSES

Please indicate if the following items of expense were/are furnished by another party or a partial or full expense was incurred by your organization. Please indicate the amount and details of that expense: **(Attach additional sheets if necessary.  Additional sheets attached.)**

**Furniture**     Furnished/No Expense     Partially Furnished/Partial Expense     Not Furnished/Full Expense    Amount \$ \_\_\_\_\_

If provided, by whom? \_\_\_\_\_

Details: \_\_\_\_\_

**Fixtures**     Furnished/No Expense     Partially Furnished/Partial Expense     Not Furnished/Full Expense    Amount \$ \_\_\_\_\_

If provided, by whom? \_\_\_\_\_

Details: \_\_\_\_\_

**Equipment**     Furnished/No Expense     Partially Furnished/Partial Expense     Not Furnished/Full Expense    Amount \$ \_\_\_\_\_

If provided, by whom? \_\_\_\_\_

Details: \_\_\_\_\_

**Utilities**     Furnished/No Expense     Partially Furnished/Partial Expense     Not Furnished/Full Expense    Amount \$ \_\_\_\_\_

If provided, by whom? \_\_\_\_\_

Details: \_\_\_\_\_

**Renovation**     Furnished/No Expense     Partially Furnished/Partial Expense     Not Furnished/Full Expense    Amount \$ \_\_\_\_\_

If provided, by whom? \_\_\_\_\_

Details: \_\_\_\_\_

Name of Organization Applying as a Commercial Lessor

Taxpayer Number

**SOURCE OF FUNDS**

Please identify the source of the funds to be used to provide the bingo premises identified above with any needed furniture, fixtures, equipment, utilities, or renovation of the premises.

- 1.  Personal Funds
  - Attach the three (3) most recent consecutive months of bank statements.
- 2.  Commercial Loan
  - Attach copy of the approved loan application.
- 3.  Other Loan
  - Attach supporting documentation that would outline the amount and terms of the agreement.
- 4.  Gift
  - Attach supporting documentation that would indicate the amount and support that the funds were a gift and there is no obligation for repayment.

**TERMS OF THE FUNDS OBTAINED**

If the source of the funds was a commercial loan, other loan or gift as identified above, were the funds obtained under an expectation or obligation that the person from whom the funds were obtained would directly participate in, or have any legal interest in, any rents obtained under the license or revenues or profits from the conduct of bingo on the premises?  Y E S  N O

Exceptions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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