



Conductor License Amendment

FORMID 11

WHO MUST SUBMIT THIS FORM: This form must be completed by an applicant that seeks to make a change to an active license.

FORM SUBMISSION:

File via the Bingo Service Portal (BSP) at: <https://bsc.txbingo.org/bsp/faces/Common/bspLoginPage.jsf>

Postal Delivery: Texas Lottery Commission, Charitable Bingo Operations Division, PO Box 16630, Austin, TX 78761-6630

Courier Delivery: Texas Lottery Commission, Charitable Bingo Operations Division, 1801 Congress Ave., Austin TX, 78701

Email: bingo.services@lottery.state.tx.us

Fax: 1-512-344-5142

FOR ASSISTANCE in completing this form, please call 1-800-BINGO-77 (1-800-246-4677) or visit our website at **txbingo.org**.

GENERAL INSTRUCTIONS:

- Fill in all information, leave no blanks. Enter "N/A" if not applicable.
- This form must be signed by the Bingo Chairperson and an Officer, Director, Operator, Designated Director or Designated Operator.
- Incomplete applications will not be processed.

ORGANIZATION INFORMATION

1.
Taxpayer Number License Number Name of Organization

EFFECTIVE DATE

Applicants cannot backdate this form. If date provided, the date requested must be a future date.

2. Date you wish to begin conducting bingo under the amended license: ☐ Earliest Date Possible
In conjunction with MM DD YYYY
Other organization Taxpayer Number

Complete only the section corresponding to the information that is changing.

UPDATED PLAYING TIMES

3. Enter the entire playing schedule, even those days that are not changing.

Day	Begin Time	End Time	Day	Begin Time	End Time	Day	Begin Time	End Time
<input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM to	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM to	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM to	<input type="checkbox"/> AM <input type="checkbox"/> PM
First Occasion			Second Occasion			Third Occasion		

UPDATED ORGANIZATION INFORMATION

4.
Name of Organization

Mailing Address (Street Address, PO Box, or Rural Route. Do not give directions, i.e., 5 miles north of I-20)

<input type="text"/> City	<input type="text"/> State	<input type="text"/> ZIP Code	<input type="text"/> County
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<input type="text"/> Organization Website Address	<input type="text"/> Fax Number (Area Code & Number)
<input type="text"/> Individual's Name to Contact	<input type="text"/> Contact Phone Number (Area Code & Number)
<input type="text"/> Alternate Phone Number (Area Code & Number)	<input type="text"/> E-mail Address (REQUIRED)

UPDATED ORGANIZATION LOCATION

5. Enter the new primary business address at which you conduct your meetings and principle business. *(Attach meeting minutes)*
(The primary business address is where your business records are maintained.)

Name of organization and primary business address where business records are maintained

Physical Address (Do Not enter PO Box or Directions, i.e., 5 miles north of I-20)

City State ZIP Code County

- ☐ Business office ☐ Principle residence of the CEO

6. Has the organization, at a meeting of the membership, voted to change the primary business address?

☐ YES Attach a copy of the meeting minutes.

7. Is this organization affiliated with a state or national organization?

☐ YES ☐ NO If "YES," submit a copy of approval from the state or national organization regarding the change of primary business office address *if* there is a change in county.

8. How is the location controlled by your organization? ☐ **Own** (List date acquired ____/____/____) (Go to Item 10)

☐ **Lease**, including use of facilities free of charge (Go to Item 9) **Lease Amount** \$ _____

☐ **Non-Licensed Government Entity** (Go to Item 10)

UPDATED LESSOR INFORMATION

Enter the new Lessor information:

9. _____
Name of entity from whom you are leasing premises Lessor's Taxpayer Number License Number

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

UPDATED PLAYING LOCATION

Enter the new location at which games will be played. ***(Attach meeting minutes* and current license copy with this application.)***

10. _____
Name of location where bingo games will be played

Physical Address of your playing location (Do Not enter PO Box or Directions, i.e., 5 miles north of I-20)

City State ZIP Code County

Playing Location Phone Number (Area Code & Number)

11. Is this location inside the city limits of the city named in Item 10? ☐ YES ☐ NO

12. Is this location in the same county or an adjacent county as the authorized organization's primary business office address? ☐ YES ☐ NO

*Meeting minutes should 1) indicate that the organization voted to move playing locations, 2) contain exact playing location name and address, and 3) be signed by an officer with the statement, "I certify these minutes to be true and complete."

CERTIFICATION FOR LICENSE TO CONDUCT CHARITABLE BINGO

13. Is a license currently held by any organization at the playing location named in Item 10? ☐ YES If "YES," proceed to Item 15 ☐ NO If "NO," proceed to Item 14

14. 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 conduct 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 (#A)

I hereby certify that the conduct of bingo is lawful in the county named below. I further certify that the location of the premises sought to be licensed herein is not inside the boundaries of an incorporated city or town.

Location of playing premises:

Address

City

State

ZIP Code

County

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

X

City Secretary / Clerk

SEAL

City Secretary of _____

Name of City

JUSTICE PRECINCT CERTIFICATE (#B)

(If not an incorporated city, so state)

I hereby certify that the conduct of bingo is lawful at the location of the premises sought to be licensed herein, and that such location is inside the boundaries of the justice precinct listed below and is not prohibited by local option election.

Location of playing premises:

Address

City

State

ZIP Code

County

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

X

Justice of the Peace

SEAL

of _____

Precinct Number and Location

CITY SECRETARY'S CERTIFICATE (#C)

(If the proposed playing location is within the boundaries of an incorporated city or town)

I hereby certify that the conduct of bingo is lawful at the location of the premises sought to be licensed herein, and that such location is inside the boundaries of the city or town and is not prohibited by local option election.

Location of playing premises:

Address

City

State

ZIP Code

County

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

X

City Secretary / Clerk

SEAL

City Secretary of _____
Name of City

UPDATED BINGO CHAIRPERSON

This form does NOT remove any individual from the organization. Please submit a FORMID 8 for an individual to be removed.

Enter the new Bingo Chairperson information:

15. _____
Name (LAST, FIRST, MIDDLE INITIAL)

Social Security Number

Driver's License 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 Number (Area Code & Number)

☐ M ☐ F
Gender

MM

DD

YYYY

E-mail Address

Position (Check all that apply) ☐ Director ☐ Officer ☐ Operator

Worker Registry Number

CERTIFICATION OF RESPONSIBILITY

16. We declare that: 1) all information regarding the organization named in this application is complete and valid, 2) we have read, understand and will abide by the provisions of the Bingo Enabling Act and Charitable Bingo Administrative Rules, and 3) all statements in this application are true and correct to the best of our knowledge and belief.

sign here ▶ _____
Bingo Chairperson (cannot sign as Officer or Director)

Print Name and Title

Date

sign here ▶ _____
Officer/Director/Operator/Designated Director/Designated Operator

Print Name and Title

Date