



Abandonment or Lease Termination

PLEASE PRINT OR TYPE ORGANIZATION CEASING BINGO

1. Taxpayer Number Name of Organization

2. Reason: Abandonment Lease Termination Involuntary Loss of Playing Location

3. Date Bingo Activities Ceased or Will Cease Month (MM) Day (DD) Year (YYYY)

AMENDING ORGANIZATION

4. Taxpayer Number 5. Name of Organization

6. Mailing Address (Street Address, PO Box, or Rural Route)

City State ZIP Code County

Organization Website Address Fax Number (Area Code & Number)

Individual's Name to Contact Phone Number (Area Code & Number)

Alternate Phone Number (Area Code & Number) E-mail Address (optional)

7. Enter the date that a copy of this application was sent to the organization ceasing bingo: MM DD YYYY

REQUESTED EFFECTIVE DATE

8. Date you wish to begin conducting bingo under the amended license: Effective the earliest possible date OR Effective MM DD YYYY

AMENDING FROM ADMINISTRATIVE HOLD STATUS

9. Is your license currently in an Administrative Hold status? YES NO If yes, please tell us what circumstances or events led your organization to file this application to amend the license out of "Administrative Hold" status:

PLAYING TIMES

10. Enter the entire new playing schedule, even those days which are not changing. Please note to file under Section 2001.108 of the Bingo Enabling Act, the time(s) requested must be the same as the ceased/ceasing organization's licensed times.

Day Begin Time End Time Day Begin Time End Time Day Begin Time End Time First Occasion Second Occasion Third Occasion

