

Temporary Bingo Occasion Application for Regular Organization

FORMID 16

FORM SUBMISSION

A regular license holder must apply for a temporary license at least seven (7) calendar days prior to the bingo occasion, in accordance with 16 Tex. Admin. Code Sec. 402.401(d)(1). Retain a copy of your completed application for your files.

Submit your completed application and all supplemental information to:

You are encouraged to file via the Bingo Service Portal (BSP) at <https://bsc.txbingo.org>

USPS 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 N. Congress Ave., Austin TX, 78701

FAX: 1-512-344-5142

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

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

TAXPAYER INFORMATION

1. Taxpayer Number License Number 2. Name of Organization

BINGO OCCASIONS

Note: A regular license holder must apply for a temporary license at least (7) seven calendar days prior to the bingo occasion, in accordance with 16 Tex. Admin. Code Sec. 402.401(d)(1).

3. Enter the date(s) of the temporary bingo occasion(s).*

*Organizations whose annual license is for a two year period may not exceed twenty four (24) temporary occasions in each year of the two year license period.

4. Day of the week (Mon., Tues., etc.) and time the bingo occasion(s) will be played. Indicate if times are AM or PM.

1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Day	Year
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Day	Year
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Day	Year
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Day	Year
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Day	Year
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Day	Year
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Day	Year
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Day	Year
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Day	Year
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Day	Year
11.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Day	Year
12.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Day	Year
13.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Day	Year
14.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Day	Year
15.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Day	Year
16.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Day	Year
17.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Day	Year
18.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Day	Year
19.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Day	Year
20.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Day	Year

[illegible]

Are you applying for temporary occasions at a different location? ☐ YES – If "YES," proceed to Item 5 ☐ NO – If "NO," proceed to Item 13

LOCATION INFORMATION

Information about the location at which the temporary occasion will be conducted:

5. How is the location controlled by your organization? ☐ **Own** (List date acquired ____/____/____) (Go to Item 8)
☐ **Lease**, including use of facilities free of charge (go to Item 6)
☐ **Non-leased Location** (Go to Item 7)

LESSOR INFORMATION

6.
Lessor's Taxpayer Number Lessor's License Number
7.
Name of entity from whom you are leasing premises
- 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

PLAYING LOCATION

8.
Name of location
- Address (Use Street Address, NOT PO Box or Rural Route. Do not give directions, i.e., 5 miles north of I-20.)
- City State ZIP Code County
- Playing Location Phone Number (Area Code & Number)
9. Is this location inside the city limits of the city named in Item 5? ☐ YES ☐ NO
10. Is this location in the same county or an adjacent county as the authorized organization's primary business office address? ☐ YES ☐ NO

CERTIFICATION FOR LICENSE TO CONDUCT CHARITABLE BINGO

11. Is a license currently held by any organization at the playing location named in Item 8? ☐ YES If "YES," proceed to Item 13 ☐ NO If "NO," proceed to Item 12
12. The following section must be completed by either the County Clerk, Justice of the Peace or City Secretary for the county, precinct 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 in a territory not inside the boundaries of an incorporated municipality, the Justice of the Peace of the Precinct 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

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 _____
County Clerk

SEAL

County Clerk of _____
Name of County

JUSTICE PRECINCT CERTIFICATE

(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

(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 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

CERTIFICATION OF RESPONSIBILITY

13. We declare that: 1) all information regarding the organization named in this application currently on record with the Texas Lottery Commission remains complete and valid as originally submitted or subsequently amended, 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/Designated Director

Print Name and Title

Date