



Application for Temporary Bingo Occasions for Non-Regular Organization

FORMID 19

WHO MUST SUBMIT THIS FORM: This form must be completed by an organization that does not hold a regular license to conduct bingo but held a temporary license within the last 3 years. An organization may conduct charitable bingo in the county in which it is principally located or an adjacent county. Refer to Rule §402.420 for qualifications and requirements of organizations.

FORM SUBMISSION:

This form can be submitted 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 Operator. Must be two separate individuals.
- Incomplete applications will not be processed.

ORGANIZATION INFORMATION

1. <input type="text"/> Name of Organization	2. <input type="text"/> Taxpayer Number	3. <input type="text"/> License Number
4. <input type="text"/> Mailing Address (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		
<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's Phone Number (Area Code & Number)
<input type="text"/> Organization Phone Number (Area Code & Number)		<input type="text"/> Contact's E-mail Address

BINGO OCCASIONS

This application must be received at least 30 working days prior to the first bingo occasion being requested.

If you play more than one location, a separate form with location information must be completed for occasions at each location where bingo is played. In addition, *FORMID 156 Prize Fee Summary for Multiple Playing Locations* must be filed with the quarterly report.

5. Enter the date(s) of the temporary bingo occasion(s).

1. <input type="text"/> Month	<input type="text"/> Day	<input type="text"/> Year
2. <input type="text"/> Month	<input type="text"/> Day	<input type="text"/> Year
3. <input type="text"/> Month	<input type="text"/> Day	<input type="text"/> Year
4. <input type="text"/> Month	<input type="text"/> Day	<input type="text"/> Year
5. <input type="text"/> Month	<input type="text"/> Day	<input type="text"/> Year
6. <input type="text"/> Month	<input type="text"/> Day	<input type="text"/> Year
7. <input type="text"/> Month	<input type="text"/> Day	<input type="text"/> Year
8. <input type="text"/> Month	<input type="text"/> Day	<input type="text"/> Year
9. <input type="text"/> Month	<input type="text"/> Day	<input type="text"/> Year
10. <input type="text"/> Month	<input type="text"/> Day	<input type="text"/> Year
11. <input type="text"/> Month	<input type="text"/> Day	<input type="text"/> Year
12. <input type="text"/> Month	<input type="text"/> Day	<input type="text"/> Year

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

<input type="text"/> Day	<input type="text"/> Time	<input type="checkbox"/> AM <input type="checkbox"/> PM to	<input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="text"/> Day	<input type="text"/> Time	<input type="checkbox"/> AM <input type="checkbox"/> PM to	<input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="text"/> Day	<input type="text"/> Time	<input type="checkbox"/> AM <input type="checkbox"/> PM to	<input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="text"/> Day	<input type="text"/> Time	<input type="checkbox"/> AM <input type="checkbox"/> PM to	<input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="text"/> Day	<input type="text"/> Time	<input type="checkbox"/> AM <input type="checkbox"/> PM to	<input type="checkbox"/> AM <input type="checkbox"/> PM
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<input type="text"/> Day	<input type="text"/> Time	<input type="checkbox"/> AM <input type="checkbox"/> PM to	<input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="text"/> Day	<input type="text"/> Time	<input type="checkbox"/> AM <input type="checkbox"/> PM to	<input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="text"/> Day	<input type="text"/> Time	<input type="checkbox"/> AM <input type="checkbox"/> PM to	<input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="text"/> Day	<input type="text"/> Time	<input type="checkbox"/> AM <input type="checkbox"/> PM to	<input type="checkbox"/> AM <input type="checkbox"/> PM

PRIMARY BUSINESS LOCATION

7.
Name of organization's primary business office (If no business office, indicate the principle residence of your CEO)

Physical address of your organization's primary business office (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

This location is: ☐ Business Office ☐ Principle Residence of the CEO

PLAYING LOCATION

Information about the location at which occasion(s) will be conducted:

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 7? ☐ YES ☐ NO

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

11. How is the location controlled by your organization?
☐ **Own** (List date acquired ____/____/____ and go to item 13)
☐ **Non-Licensed Location** (Go to item 12)
☐ **Leased from Licensed Lessor**, including use of facilities free of charge (Go to Item 12)

LOCATION INFORMATION

12.
Name of entity from whom you are leasing premises Lessor's Taxpayer Number (if applicable) Lessor's License Number (if applicable)

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

OPERATOR

Enter the name of the active member of the organization who will serve as the operator at the bingo game(s). This individual serves as the supervisor of the bingo operation and is responsible for all bingo activities on behalf of the licensed organization, including filing quarterly reports. This member must sign Item 16.

13.
Name (LAST, FIRST, MIDDLE INITIAL)

Social Security Number

Driver's License Number

State

Home Address (Street Address, P.O. 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

Date of Birth (MM, DD, YYYY)

E-mail Address

BINGO CHAIRPERSON

Enter the name and all requested information for the officer or member of your board of directors who will serve as the Bingo Chairperson for your organization. This individual is responsible for overseeing the organization's bingo activities and reporting back to the membership about those activities.

14.
Name (LAST, FIRST, MIDDLE INITIAL)

Social Security Number Driver's License Number State

Home Address (Street Address, P.O. 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 Date of Birth (MM, DD, YYYY) E-mail Address

15. Position(s) held by the Bingo Chairperson: ☐ Director ☐ Officer *Must mark at least one.

CERTIFICATION FOR LICENSE TO CONDUCT CHARITABLE BINGO

16. 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.
- A. If the proposed playing location is not inside the boundaries of an incorporated city or town, the County Clerk's Certificate should be completed.
- B. 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.
- C. 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.

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 _____
County Clerk or authorized delegated personnel

SEAL

County Clerk of _____
Name of County

JUSTICE PRECINCT CERTIFICATE (#B)

(If the proposed playing location is in a territory NOT inside the boundaries of an incorporated municipality)

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 or authorized delegated personnel

SEAL

Justice of the Peace 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 or authorized delegated personnel

SEAL

City Secretary of _____
Name of City

CERTIFICATION OF RESPONSIBILITY

**You are certifying on a State of Texas License Application that the information provided is true and correct.
There is a substantial penalty for a fraudulent application.**

- 16.** We, the undersigned, declare that the organization identified in this application is a bona fide authorized organization, that we are active members of the organization, that we will be responsible for conducting charitable bingo games and filing all required returns in accordance with the provisions of the Texas Bingo Enabling Act (BEA) and Charitable Bingo Administrative Rules (CBAR), and that all net proceeds derived from charitable bingo games will be used for charitable purposes as defined in the BEA. We further declare that if granted a license to conduct charitable bingo, a member of the organization identified in this application designated as an operator will be present at and in charge of each and every charitable bingo game played under this license. We further declare that this license will not be sold, rented, transferred, or otherwise assigned to any group or individual. We further declare that we will keep accurate records of all charitable bingo proceeds and expenses subject to audit by the Texas Lottery Commission. We understand that the failure to abide by the provisions of the BEA and CBAR could subject the signers of this application to possible criminal prosecution, civil penalties and license revocation.

We further declare that no person named in this supplement under whose name bingo will be conducted or a person involved in the conduct of bingo at the proposed location has been convicted of a gambling offense or criminal fraud.

We declare that no officer or director of the organization has been convicted of criminal fraud or a gambling or gambling-related offense.

We further certify that all statements in this application and any attachments are true and correct to the best of our knowledge and belief. We, the undersigned, declare that as an officer of the organization and Bingo Chairperson, we have read and will abide by the above statement.

For Fraternal Organizations Only

We further declare our organization will not authorize a person on behalf of our membership, governing body, or officers to support or oppose a particular candidate for public office by making political speeches; passing out cards or other political literature; writing letters; signing or circulating petitions; making campaign contributions; or soliciting votes.

**sign
here** ►

Bingo Chairperson (cannot sign as Operator)

Print Name and Title

Date

**sign
here** ►

Operator

Print Name and Title

Date