



Charitable Bingo Operations Division

Application for Temporary Bingo Occasions for Non-Licensed Organization

FORMID 19

WHO MUST SUBMIT THIS APPLICATION

This application must be submitted by every non-profit organization (religious society, medical research or treatment organization, fraternal organization, veterans' organization, volunteer fire department or volunteer emergency medical services provider) that intends to conduct a temporary charitable bingo game in a legalized area in Texas. 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.

This form must be completed by an organization that does not hold a regular license to conduct charitable bingo, but held temporary license within the last three (3) years. Please complete all application sections for your organization.

FORM SUBMISSION

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, 611 E. 6th Street, Austin, TX 78701-3715

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.

ORGANIZATION INFORMATION

1. Name of Organization, 2. Taxpayer Number, 3. Mailing Address (Do not give directions, i.e., 5 miles north of I-20.), 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

BINGO OCCASIONS

NOTE: This application must be received at least thirty (30) working days prior to the first bingo occasion being requested.

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

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

1. Date and Time fields with AM/PM checkboxes, 2. Date and Time fields with AM/PM checkboxes, 3. Date and Time fields with AM/PM checkboxes, 4. Date and Time fields with AM/PM checkboxes, 5. Date and Time fields with AM/PM checkboxes, 6. Date and Time fields with AM/PM checkboxes

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.

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)

 Race

M F
 Gender

 Date of Birth (MM, DD, YYYY)

 E-mail Address

14. Position(s) held by the Bingo Chairperson:
 Director Officer

CERTIFICATION FOR LICENSE TO CONDUCT CHARITABLE BINGO

15. 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) (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

Justice of the Peace 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

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