Charitable Bingo Operations Division

Application for Temporary Bingo Occasions for Non-Licensed Organization

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).

   1. Month Day Year
      Day Time
      AM PM

   2. Month Day Year
      Day Time
      AM PM

   3. Month Day Year
      Day Time
      AM PM

   4. Month Day Year
      Day Time
      AM PM

   5. Month Day Year
      Day Time
      AM PM

   6. Month Day Year
      Day Time
      AM PM
PLAYING LOCATION

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

7. 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)

8. Is this location inside the city limits of the city named in Item 7? □ Y E S □ N O

9. Is this location in the same or adjacent county as the authorized organization’s primary business office address? □ Y E S □ N O

10. How is the location controlled by your organization? □ Own (List date acquired ____________/_____________/_____________ and go to item 12)

□ Lease, including use of facilities free of charge (go to Item 11)

LESSOR INFORMATION

11. 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.

12. Name (LAST, FIRST, MIDDLE INITIAL)

Social Security Number □ M □ F Driver’s License Number Date of Birth (MM, DD, YYYY) 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)

Race Gender Date of Birth (MM, DD, YYYY) E-mail Address
**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) (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

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

Justice of the Peace of ___________________________

Precinct Number and Location
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.

Bingo Chairperson (cannot sign as Operator) | Print Name and Title | Date

Operator | Print Name and Title | Date