



Charitable Bingo Operations Division

CONDUCTOR

Original Application for Temporary Bingo Occasions for Non-Regular Organization

FORMID 20

WHO MUST SUBMIT THIS FORM: This form must be completed by an organization that has never held a license to conduct charitable bingo, or if it has been more than 3 years since its last temporary license. 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): <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:

- This form must be submitted at least 30 calendar days prior to the first bingo occasion requested on this form.
- **An applicant must provide with its application documentation demonstrating that it meets all qualifications and requirements for a license to conduct bingo.**
- **The qualifications, requirements, and necessary documentation for different types of organizations are referenced in Figure 16 within TAC §402.420.**
- Fill in all information, leave no blanks. Enter "N/A" if not applicable.
- This form must be signed by the Chairperson and the Operator.
- Incomplete applications will not be processed.

ORGANIZATION INFORMATION

1.
Name of Organization

2.
Mailing 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

Application Contact Name

Phone number of Contact Name (Area Code & Number) (REQUIRED)

Organization's phone number (Area Code & Number)

Organization's fax number (Area Code & Number)

Organization's/contact's E-mail address (REQUIRED)

Organization's website address

3. Type of non-profit organization (check one): ☐ Religious ☐ Medical ☐ Fraternal ☐ Volunteer Fire Department ☐ Veteran*
☐ National Historical District Association ☐ Volunteer Emergency Medical Services Provider
*Is this veteran's organization chartered by the US Congress? ☐ Yes ☐ No

4. Is this organization a subsidiary of a state or a national organization? ☐ YES ☐ NO

If **YES**, enter the name of the state/national organization and its address.

5. Does this organization now have a 501(c) exemption from the Internal Revenue Service (IRS)? ☐ YES ☐ NO

6. Has your organization filed Form 990 with the IRS in the past? ☐ YES ☐ NO

7. Enter your nine (9) digit Federal Employer Identification Number (EIN), if any.

8. Enter your organization's eleven (11) digit Texas Vendor Identification Number

9. If this organization is incorporated, enter the following:

<div></div> <div>State</div>	<div></div> <div>Texas Charter</div>	<div></div> <div>Date (MM/DD/YYYY)</div>
	<div></div> <div>Certification of Authority Number (if out of state entity doing business in Texas)</div>	<div></div> <div>Date (MM/DD/YYYY)</div>

10. Describe the method of organization, such as bylaws, constitution, charter, religious directory, etc.

<div></div> <div>Method of Organization</div>	<div></div> <div>Date (MM/DD/YYYY)</div>
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11. Does your organization distribute any of its income to its members, officers, or governing body except as reasonable compensation for services?

☐ Y E S (describe below) ☐ N O

BINGO OCCASIONS

NOTE: This application must be received at least 30 calendar 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 location must be filed with the quarterly report.

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

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

1.	<div></div> <div>Month</div>	<div></div> <div>Day</div>	<div></div> <div>Year</div>	<div></div> <div>Day</div>	<div></div> <div>Time</div>	<div><input type="checkbox"/> AM <input type="checkbox"/> PM to</div>	<div><input type="checkbox"/> AM <input type="checkbox"/> PM</div>
2.	<div></div> <div>Month</div>	<div></div> <div>Day</div>	<div></div> <div>Year</div>	<div></div> <div>Day</div>	<div></div> <div>Time</div>	<div><input type="checkbox"/> AM <input type="checkbox"/> PM to</div>	<div><input type="checkbox"/> AM <input type="checkbox"/> PM</div>
3.	<div></div> <div>Month</div>	<div></div> <div>Day</div>	<div></div> <div>Year</div>	<div></div> <div>Day</div>	<div></div> <div>Time</div>	<div><input type="checkbox"/> AM <input type="checkbox"/> PM to</div>	<div><input type="checkbox"/> AM <input type="checkbox"/> PM</div>
4.	<div></div> <div>Month</div>	<div></div> <div>Day</div>	<div></div> <div>Year</div>	<div></div> <div>Day</div>	<div></div> <div>Time</div>	<div><input type="checkbox"/> AM <input type="checkbox"/> PM to</div>	<div><input type="checkbox"/> AM <input type="checkbox"/> PM</div>
5.	<div></div> <div>Month</div>	<div></div> <div>Day</div>	<div></div> <div>Year</div>	<div></div> <div>Day</div>	<div></div> <div>Time</div>	<div><input type="checkbox"/> AM <input type="checkbox"/> PM to</div>	<div><input type="checkbox"/> AM <input type="checkbox"/> PM</div>
6.	<div></div> <div>Month</div>	<div></div> <div>Day</div>	<div></div> <div>Year</div>	<div></div> <div>Day</div>	<div></div> <div>Time</div>	<div><input type="checkbox"/> AM <input type="checkbox"/> PM to</div>	<div><input type="checkbox"/> AM <input type="checkbox"/> PM</div>
7.	<div></div> <div>Month</div>	<div></div> <div>Day</div>	<div></div> <div>Year</div>	<div></div> <div>Day</div>	<div></div> <div>Time</div>	<div><input type="checkbox"/> AM <input type="checkbox"/> PM to</div>	<div><input type="checkbox"/> AM <input type="checkbox"/> PM</div>
8.	<div></div> <div>Month</div>	<div></div> <div>Day</div>	<div></div> <div>Year</div>	<div></div> <div>Day</div>	<div></div> <div>Time</div>	<div><input type="checkbox"/> AM <input type="checkbox"/> PM to</div>	<div><input type="checkbox"/> AM <input type="checkbox"/> PM</div>
9.	<div></div> <div>Month</div>	<div></div> <div>Day</div>	<div></div> <div>Year</div>	<div></div> <div>Day</div>	<div></div> <div>Time</div>	<div><input type="checkbox"/> AM <input type="checkbox"/> PM to</div>	<div><input type="checkbox"/> AM <input type="checkbox"/> PM</div>
10.	<div></div> <div>Month</div>	<div></div> <div>Day</div>	<div></div> <div>Year</div>	<div></div> <div>Day</div>	<div></div> <div>Time</div>	<div><input type="checkbox"/> AM <input type="checkbox"/> PM to</div>	<div><input type="checkbox"/> AM <input type="checkbox"/> PM</div>
11.	<div></div> <div>Month</div>	<div></div> <div>Day</div>	<div></div> <div>Year</div>	<div></div> <div>Day</div>	<div></div> <div>Time</div>	<div><input type="checkbox"/> AM <input type="checkbox"/> PM to</div>	<div><input type="checkbox"/> AM <input type="checkbox"/> PM</div>
12.	<div></div> <div>Month</div>	<div></div> <div>Day</div>	<div></div> <div>Year</div>	<div></div> <div>Day</div>	<div></div> <div>Time</div>	<div><input type="checkbox"/> AM <input type="checkbox"/> PM to</div>	<div><input type="checkbox"/> AM <input type="checkbox"/> PM</div>

PRIMARY BUSINESS LOCATION

14.

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.)

<div></div> <div>City</div>	<div></div> <div>State</div>	<div></div> <div>ZIP Code</div>	<div></div> <div>County</div>
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This location is: ☐ business office ☐ principle residence of the CEO

PLAYING LOCATION

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

15.
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)
16. Is this location inside the city limits of the city named in Item 15? ☐ YES ☐ NO
17. Is this location in the same or adjacent county as the authorized organization's primary business office address? ☐ YES ☐ NO
18. How is the location controlled by your organization? ☐ **Own** (List date acquired _____ and go to item 20)
☐ **Non-Licensed Location** (Go to item 19)
☐ **Leased from Licensed Lessor**, including use of facilities free of charge (Go to item 19)

LOCATION INFORMATION

19.
Name of entity from whom you are leasing premises Lessor's Taxpayer Number (if applicable) Lessor's License Number (if applicable)

OPERATOR

Enter the name and specific information requested of the active member of the organization who will serve as the operator at the bingo occasion(s) (other than the Chairperson). 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 the application in section 24, on the operator signature line.

20.
Name (LAST, FIRST, MIDDLE INITIAL)
- Social Security Number Driver's License Number State
- Home Address (Use 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)
- ☐ 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.

21.
Name (LAST, FIRST, MIDDLE INITIAL)
- Social Security Number Driver's License Number State
- Home Address (Use 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)
- ☐ M ☐ F
Gender Date of Birth (MM/DD/YYYY) E-mail Address
22. Position(s) held by the Bingo Chairperson: ☐ Director ☐ Officer *Must mark at least one.

CERTIFICATION FOR LICENSE TO CONDUCT CHARITABLE BINGO

23. 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 listed in Item 7 and sought to be licensed herein is not inside the boundaries of an incorporated city or town.

Location of playing premises:

<div></div>			
Address			
<div></div>	<div></div>	<div></div>	<div></div>
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 City

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 listed in Item 7 and sought to be licensed herein. I further certify 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:

<div></div>			
Address			
<div></div>	<div></div>	<div></div>	<div></div>
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 _____
Name of City

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 listed in Item 7 and sought to be licensed herein. I further certify that such location is inside the boundaries of the city or town and is not prohibited by local option election.

Location of playing premises:

<div></div>			
Address			
<div></div>	<div></div>	<div></div>	<div></div>
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.**

24. We, the undersigned, declare that the organization identified in this application is an authorized organization as defined in the Texas Bingo Enabling Act, 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 declare that no person named in this supplement in whose name bingo will be conducted or a person working at the proposed bingo occasion 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 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 and the revocation of this license.

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.

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

sign here ► | |
Operator Print Name and Title Date