



Charitable Bingo Operations Division

Original Application for Temporary Bingo Occasions for Non-Licensed Organization

FORMID 20

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.

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 three (3) years since its last temporary license. Please complete all application sections for your organization.

FORM SUBMISSION

Retain a copy of your completed application for your files.

Submit your completed application and all supplemental information to:

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

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.

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)

Organization's fax number (Area Code & Number)

Organization's/contact's E-mail address

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 affiliated with 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:

State Texas Charter Date (MM/DD/YYYY) Certification of Authority Number Date (MM/DD/YYYY)

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

Method of Organization Date (MM/DD/YYYY)

11. Does your organization distribute any of its income to its members, officers, or governing body except as reasonable compensation for services?

YES (describe below) NO

BINGO OCCASIONS

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

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.

Grid for entering date and time for multiple bingo occasions.

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.)

City State ZIP Code County

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)  
 **Lease**, including use of facilities free of charge (Go to item 19.)

**LESSOR 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 Item 26.

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    \_\_\_\_\_    \_\_\_\_\_  
Race    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    \_\_\_\_\_    \_\_\_\_\_  
Race    Gender    Date of Birth (MM/DD/YYYY)    E-mail Address

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

**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. 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 Certification 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

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## 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

**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