



Application for Commercial License to Lease Bingo Premises

WHO MUST SUBMIT THIS FORM

This form must be submitted by anyone applying for a commercial lessor license, to lease premises in compliance with Section 2001.152(a)(1) of the Bingo Enabling Act. The applicant must select the type of lessor license based on the [Lessor Tier Structures](#). All organizations filing for a commercial license to lease bingo premises must also complete:

- FORMID 23** - Add Individuals to Commercial Lessor License
- FORMID 24** - Disclosure of Financial Interest for Commercial Lessor License
- FORMID 30** - Commercial Lessor Source of Funds
- FORMID 33** - Commercial Lessor Certification of Offer to Lease ****If condition requires this form.*

FORM SUBMISSION

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

- Please type or print legibly and complete all information requested. We are unable to process applications with illegible, missing, or incomplete information.
- The form must be signed by the applicant(s).
- Incomplete application will not be processed.

LESSOR TIER STRUCTURE SELECTION

- Full Tier - COMMERCIAL LESSOR (Top-tier)**
Commercial Lessor applicant will lease to one licensed authorized organization that will sublease or offers to sublease the premises to one or more other licensed authorized organizations. **Note:** Mid-tier organization must hold both a conductor and lessor license.
- Total Control & Exclusive Use - COMMERCIAL LESSOR**
Commercial Lessor applicant will lease to one single licensed authorized organization that has total control and exclusive use of the leased premises **and uses the location as its primary business office**. No other licensed authorized organization may lease these premises for the conduct of Bingo.
- Conductor - COMMERCIAL LESSOR**
Commercial Lessor applicant is already a licensed authorized organization, who currently holds a Conductor License. Applicant either owns the premises where Bingo is conducted and will be leasing to other licensed authorized organizations as a Conductor-Lessor or is the mid-tier organization who is leasing from a top-tier Commercial Lessor and will be leasing the premises to other licensed authorized organizations.
- Association - COMMERCIAL LESSOR**
An Association made up of two or more licensed authorized organizations, leasing Bingo premises directly to other licensed authorized organizations. The Texas Occupations Code, Chapter 2001, requires an Association to lease or offer to lease the premises to one (1) or more other licensed authorized organizations who are not members of the Association. If there are no licensed authorized organizations who are not members of the Association that will be leasing from the Association, **FORMID 33** is required.

ORGANIZATION INFORMATION

PLEASE PRINT LEGIBLY OR TYPE - MUST USE BLACK OR BLUE INK

1. Legal Name of Applicant _____

2. 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 _____	County _____
Organization Website Address _____	Application Contact _____		
Organization Phone Number (Area Code & Number) _____	Application Contact's Number (Area Code & Number) _____		
Organization Fax Number _____	Application Contact's E-mail Address _____		

Are you currently a licensed Conductor? Yes No If Yes, provide License Number _____

OWNERSHIP INFORMATION

3. Indicate how your business is owned (check only one type)* Sole Ownership (complete Item 4) Partnership Limited Liability Company (LLC)
 Texas Corporation Foreign Corporation Association Other (specify) _____

4. *If you are the sole owner, enter the following information. **NOTE:** If your business is not a sole ownership, complete *Add Individuals to Commercial Lessor License* form listing all partners, officers, directors, shareholders, and any other persons having a financial interest in your business.

Name (LAST, FIRST, MIDDLE INITIAL)

Social Security Number

Driver's License Number / Identification Number

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 (Area Code & Number)

M F _____
Gender Date of Birth (MM DD YYYY) E-mail Address

5. Enter your nine (9) digit Federal Employer's Identification Number (EIN), if any _____

6. Enter your eleven (11) digit Texas Vendor Identification Number _____

BUSINESS CONTACT

7. Enter the following information for one (1) person who may be contacted during business hours for records or information about the applicant.

Name (LAST, FIRST, MIDDLE INITIAL)

Social Security Number

Driver's License Number / Identification Number

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 (Area Code & Number)

M F _____
Gender Date of Birth (MM DD YYYY) E-mail Address

PLAYING LOCATION

8. Enter the name of the bingo hall where games will be played _____

Physical address of the bingo hall (Do not enter PO Box or Rural Route. Do not give directions, i.e., 5 miles north of I-20)

City

State

ZIP Code

County

Enter the phone number of the bingo hall (area code & number)

9. Is this location inside the city limits named in Item 9? YES NO

10. What is the maximum seating capacity for bingo? _____

11. Will the proposed playing location share a common foundation or roof with another licensed bingo location? YES NO

12. Is this location owned or leased? Owned (list date acquired ____ / ____ / ____ and go to Item 15) Leased (go to Item 14)
MM DD YYYY

13. If LEASED, enter the name and address of the entity from whom you are leasing the premises.

Name of landlord

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

County

Federal nine (9) digit Employer Identification Number for landlord (if known)

CALCULATION OF LICENSE FEE

14. The fee for a license is based on your estimated gross rental income. Your license class and fee will be calculated using the formula below. Required licenses fee must be submitted with this application.

- a. Estimated monthly gross rental income..... a. _____
- b. Number of months in a year that rent is due..... b. _____
- c. Estimated annual gross rental income (Multiply Item "a" by item "b")..... c. _____
- d. We are applying for: One Year License Two Year License
- Completed *Military Service Members, Military Veterans, or Military Spouses* form is attached for exemption of fee.
- e. I am a Military Member or a Spouse of a Military Member, who currently holds an active Bingo Lessor License from another State.

_____ State

Enter your license class (SEE TABLE BELOW) _____ License Fee \$ _____

Annual Gross Rentals	Class	One Year License Fee	Two Year License Fee
not more than \$12,000	A	\$ 132	\$ 264
more than \$12,000 but not more than \$20,000	B	264	528
more than \$20,000 but not more than \$30,000	C	396	792
more than \$30,000 but not more than \$40,000	D	528	1,056
more than \$40,000 but not more than \$50,000	E	792	1,584
more than \$50,000 but not more than \$60,000	F	1,188	2,376
more than \$60,000 but not more than \$70,000	G	1,584	3,168
more than \$70,000 but not more than \$80,000	H	1,980	3,960
more than \$80,000 but not more than \$90,000	I	2,640	5,280
more than \$90,000	J	3,300	6,600

Note: At the end of your first regular license period, the amount of estimated gross rental income reported in this application will be reviewed. Any deficiency of the prior year license fee for that period must be paid prior to issuance of a renewal license. Any excess of the prior year license fee will be credited to your account.

- License fee payment must be made by cashier's check, money order, or personal check made payable to the STATE COMPTROLLER.

LESSEE INFORMATION

15. List all organizations which plan to lease the location indicated in Item 9 directly from you to conduct bingo games.

Name of Organization	Organization's Taxpayer Number	License Number (if applicable)	Rent Per Occasion
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CERTIFICATION FOR LICENSE TO LEASE BINGO PREMISES

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 lease bingo premises for the conduct of 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:

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 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:

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 _____
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:

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

REQUESTED EFFECTIVE DATE

17. Date you wish to begin leasing bingo premises:

Effective the earliest possible date OR Effective MM DD YYYY

AFFIDAVIT 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.

18. I/We, the undersigned, declare that (except as noted below):

- No public officer received or will receive any consideration, direct or indirect, as owner or lessor of the premises where bingo will be played;
- No person named in this application or its supplement has extended credit to, loaned money to, or paid or provided for the payment of license fees for an authorized organization applying to play on the premises for which this application is made;
- No person named in this application or its supplement is a distributor or manufacturer of bingo equipment, devices or supplies, or is a shareholder, officer, director, or holder of any financial interest in a distributor or manufacturer licensed in this state;
- No person with at least a ten percent (10%) interest in the applicant's business is either married to or related in the first degree to any person referenced in the above declarations;
- The above-referenced declarations would also apply to all persons who are active in the applicant's business or employed by the applicant.

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.

EXCEPTION(S) – Explain: _____

We further certify that copies of this application have been sent to: (please check one)

- Incorporated City or Town-City Council or chief legislative body
- County Commissioner's Court

and that I/we are in all respects the real party of interest in the leased premises, that I/we are not acting as an undisclosed agent or trustee for the real party of interest, and that all statements in this application and any attachments are true and correct to the best of my/our knowledge and belief.

sign here ▶
Sole Owner, LLC Member, Partner, or Officer of the Organization Print Name & Title Date

sign here ▶
Partner, LLC Member, or Officer of the Organization Print Name & Title Date