



# Application for Commercial License to Lease Bingo Premises

FORMID 21

**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](mailto: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](http://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:

|             |             |             |             |
|-------------|-------------|-------------|-------------|
| <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 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:

|             |             |             |             |
|-------------|-------------|-------------|-------------|
| <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

**17.** Date you wish to begin leasing bingo premises:

## AFFIDAVIT OF RESPONSIBILITY

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

- 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.

[illegible]☐ Incorporated City or Town-City Council or chief legislative body

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**  \_\_\_\_\_  
*Partner, LLC Member, or Officer of the Organization*      *Print Name & Title*      *Date*