



Application to Transfer Ownership of a Commercial License to Lease Bingo Premises

WHO MUST SUBMIT THIS APPLICATION

This application must be submitted by any person (sole owner, partnership, corporation, or other entity), including an organization licensed to conduct charitable bingo, that intends to transfer the ownership of their commercial license to lease bingo premises to any person (sole owner, partnership, corporation, or other entity), including an organization licensed to conduct charitable bingo, and if applicable, to change the playing locations as authorized under the Bingo Enabling Act (BEA).

IMPORTANT NOTICE

You must submit your original annual license to lease bingo premises when you file this application unless the license is currently maintained on administrative hold. You must keep a copy of your original license posted until ownership of the commercial license to lease bingo premises is approved to transfer and the amended license is received. YOU MAY NOT BEGIN YOUR AMENDED ACTIVITIES UNTIL YOU RECEIVE YOUR NEW LICENSE AND IT TAKES EFFECT.

CURRENT LICENSE HOLDER INFORMATION

USE BLACK OR BLUE INK.

1.
 Taxpayer Number License Number Playing Location Name

2.
 Name of Current License Holder

3.
 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

Individual's Name to Contact Daytime Phone of Contact Person (Include Area Code)

Please note: If the fees for this license are exempt because the current license holder is a military service member, military veteran or military spouse, all required license fees for the current license period will be due in addition to the transfer fee.

TRANSFER OF OWNERSHIP INFORMATION

4.
 Name of Organization license is being transferred to

5.
 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's Web Site Address Fax Number (Area Code & Number)

Individual's Name to Contact Daytime Phone of Contact Person (Include Area Code)

Alternate Phone (Area Code & Number) E-mail Address

6. Indicate how your business is owned (check only one type) Sole Ownership (complete Item 7) Partnership Limited Liability Company (LLC) Texas Corporation Foreign Corporation Association Other (specify) _____

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

Name (LAST, FIRST, MIDDLE INITIAL)

Social Security Number Driver's License 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
 Race Gender Date of Birth (MM DD YYYY) E-mail Address (optional)

8. Enter the Federal Employer Identification Number (EIN) for the business the license is being transferred to, if any

TRANSFER OF OWNERSHIP INFORMATION (CONT'D)

10. If the license is being transferred to a corporation, enter the state of incorporation, the charter or COA number, and date of incorporation or date COA was granted, as applicable, for the corporation the license is being transferred to:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
State	Charter Number	MM	DD	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Texas COA Number		MM	DD	YYYY

Type of corporation (check one): P – Profit N – Non-Profit

EFFECTIVE DATE

11. Enter the date the license to lease bingo premises is to be transferred:

Effective

MM DD YYYY

BUSINESS CONTACT

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

Name (LAST, FIRST, MIDDLE INITIAL)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Driver's License Number	State

Mailing Address (Street Address, PO Box, or Rural Route. Do not give directions, i.e., 5 miles north of I-20)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP Code	County

<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>
Race	Gender	Date of Birth (MM DD YYYY)

PLAYING LOCATION

- 13. Check this box if the license is to be transferred and placed on administrative hold, and go to Item 26.
- 14. Check this box if the license is to be transferred and remain at the same playing location, and go to Item 16.
- 15. Check this box and complete all appropriate information to change the location where bingo games will be played.

16.

Enter the name of the bingo hall where games will be played

Enter the phone number of the bingo hall (include Area Code)

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP Code	County

- 17. Is this location inside the city limits of the city named in Item 16? YES NO
- 18. What is the maximum seating capacity for bingo?
- 19. Is there a common foundation or roof shared with a bingo premises currently licensed? YES NO
- 20. Is this location owned or leased? Owned (List date acquired and go to Item 22) Leased (go to Item 21)

(MM DD YYYY)

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

<input type="text"/>	<input type="text"/>		
Name of Landlord	Employer's Identification Number		
<input type="text"/>			
Mailing Address (Street Address, PO Box, or Rural Route. Do not give directions, i.e., 5 miles north of I-20)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP Code	County

LESSEE INFORMATION

22. List all organizations which plan to lease the location in Item 16 directly from the organization the license is being transferred to. (Attach additional sheets if necessary.)

Name of Organization	Organizaton's Taxpayer Number	Rent Per Occasion
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

23. If the transferred license is to remain at the same playing location, is *Change of Commercial Lessor at Existing Location* attached? YES NO

CERTIFICATION FOR LICENSE TO LEASE BINGO PREMISES

If the transferred license is to remain at the same playing location, is *Change of Commercial Lessor at Existing Location* attached? YES NO

24. Has a license to lease bingo premises been held, or is a license currently held at the playing location named in Item 16?

YES (go to item 26) NO (go to Item 25)

25. The following certificate must be completed by the County Clerk or City Secretary for the county or city in which you are proposing to lease premises for the conduct of charitable bingo. If the County Clerk certifies that the location of the playing premises is not inside the boundaries of an incorporated city or town, the City Secretary's Certification need not 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 listed in Item 15 and sought to be licenses herein (IS) (IS NOT) inside the bounds of an incorporated city or town.

Witness my hand and seal of office this _____ day of _____ A.D. (Year) _____

SEAL

X _____
County Clerk

County Clerk of _____
Name of County

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 listed in Item 15 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.

Witness my hand and seal of office this _____ day of _____ A.D. (Year) _____

SEAL

X _____
City Secretary/Clerk

City Secretary of _____
Name of City

DECLARATION OF CURRENT LICENSE HOLDER

26. To be completed by the current license holder.

I/We, the undersigned request that the license to lease bingo premises currently held by _____
(Organization's name as it appears on the bingo license)

to be transferred to _____ effective _____ as agreed upon at
(New entity's name as it appears on the organizing instrument) (MM/DD/YYYY)

a meeting held by our organization on _____
(MM/DD/YYYY)

sign here ▶

Sole Owner, Partner, LLC Member, or Officer of the Organization

Print Name and Title Date

sign here ▶

Partner, LLC Member, or Officer of the Organization

Print Name and Title Date

27. If a corporation, submit a copy of the corporate resolution approving the transfer of the license.

Attached

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.

28. I/WE the undersigned, declare that (except as noted below):

- No person named in this application or supplement, during the proceeding ten (10) years, has been convicted of a felony, criminal fraud, gambling, gambling related offense, or crime of moral turpitude, served any sentence, parole, mandatory supervision, or probation for such an offense;
- No public officer receives 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, paid, or provided for the payment of license fees for an authorized organization applying to play on the premises for which the application is made;
- No person named in this application or its supplement is a distributor or manufacturer of bingo equipment, devices, supplies, or automated bingo services, is a shareholder, officer, director, or holder of any financial interest in a distributor or manufacturer in this state;
- No person with over 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 declaration.
- The above-referenced declarations would also apply to all persons who are active in applicant's business or employed by the applicant.

EXCEPTION(S) — Explain: _____

I/WE certify that copies of this application have been sent to: (please check one)

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

and that I/We are in all respects the real party in interest in the leased premises, that I/We are not acting as an undisclosed agent or trustee for the real party in interest and that all statements in this application and any attachments are true and correct to the best of my/our knowledge and belief. I/we further certify that an authorized meeting was held by our organization in which the acceptance of the transferred license to lease bingo premises was approved.

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

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

29. Submit a copy of the corporate resolution accepting the transfer of the license if the license is being transferred to a corporation.

- Attached