



# Add Individuals to Commercial Lessor License

### WHO MUST SUBMIT THIS FORM

Use this form to list all partners, officers, directors, LLC members and shareholders (holding any percentage of ownership) of your organization who have not previously been disclosed to the Charitable Bingo Operations Division.

### FORM SUBMISSION

**By mail:** Texas Lottery Commission, Charitable Bingo Operations Division, PO Box 16630, Austin, TX 78761-6630

**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 INFORMATION

- Use black or blue ink.
- This form may only be submitted with a commercial lessor license application.
- Please type or print legibly and complete all information requested for each name listed. We are unable to process individuals with illegible, missing or incomplete information.
- If additional space is required, copy this page and attach it to the application.
- The information requested below is necessary to conduct a criminal history background investigation which is authorized under the Bingo Enabling Act, Occupations Code, Chapter 2001.
- The name entered should be as it appears on the individual's official documents such as a driver's license. Do not use nicknames.

Name of Organization	Taxpayer Number	License Number
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### INDIVIDUAL INFORMATION

**A.** \_\_\_\_\_  
Name (LAST, FIRST, MIDDLE INITIAL)

<b>B.</b> _____ Social Security Number	<b>C.</b> _____ Driver's License Number	_____ State
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**D.** \_\_\_\_\_  
Home Address (Street Address, P.O. Box or Rural Route)

_____ City	_____ State	_____ ZIP Code	<b>E.</b> _____ Phone Number (Area Code & Number)
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<b>F.</b> _____ Race	<b>G.</b> <input type="checkbox"/> M <input type="checkbox"/> F Gender	<b>H.</b> _____ Date of Birth (Month, Day, Year)	<b>I.</b> _____ E-mail Address
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**J.** Position (Check all that apply)     Sole Owner     Partner     Director     Officer     Shareholder     Business Contact     LLC Member

**A.** \_\_\_\_\_  
Name (LAST, FIRST, MIDDLE INITIAL)

<b>B.</b> _____ Social Security Number	<b>C.</b> _____ Driver's License Number	_____ State
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**D.** \_\_\_\_\_  
Home Address (Street Address, P.O. Box or Rural Route)

_____ City	_____ State	_____ ZIP Code	<b>E.</b> _____ Phone Number (Area Code & Number)
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<b>F.</b> _____ Race	<b>G.</b> <input type="checkbox"/> M <input type="checkbox"/> F Gender	<b>H.</b> _____ Date of Birth (Month, Day, Year)	<b>I.</b> _____ E-mail Address
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**J.** Position (Check all that apply)     Sole Owner     Partner     Director     Officer     Shareholder     Business Contact     LLC Member

A. \_\_\_\_\_  
Name (LAST, FIRST, MIDDLE INITIAL)

B. \_\_\_\_\_  
Social Security Number

C. \_\_\_\_\_ State \_\_\_\_\_  
Driver's License Number

D. \_\_\_\_\_  
Home Address (Street Address, P.O. Box or Rural Route)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

E. \_\_\_\_\_  
Phone Number (Area Code & Number)

F. \_\_\_\_\_  
Race

G.  M  F  
Gender

H. \_\_\_\_\_  
Date of Birth (Month, Day, Year)

I. \_\_\_\_\_  
E-mail Address

J. Position (Check all that apply)  Sole Owner  Partner  Director  Officer  Shareholder  Business Contact  LLC Member

A. \_\_\_\_\_  
Name (LAST, FIRST, MIDDLE INITIAL)

B. \_\_\_\_\_  
Social Security Number

C. \_\_\_\_\_ State \_\_\_\_\_  
Driver's License Number

D. \_\_\_\_\_  
Home Address (Street Address, P.O. Box or Rural Route)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

E. \_\_\_\_\_  
Phone Number (Area Code & Number)

F. \_\_\_\_\_  
Race

G.  M  F  
Gender

H. \_\_\_\_\_  
Date of Birth (Month, Day, Year)

I. \_\_\_\_\_  
E-mail Address

J. Position (Check all that apply)  Sole Owner  Partner  Director  Officer  Shareholder  Business Contact  LLC Member

A. \_\_\_\_\_  
Name (LAST, FIRST, MIDDLE INITIAL)

B. \_\_\_\_\_  
Social Security Number

C. \_\_\_\_\_ State \_\_\_\_\_  
Driver's License Number

D. \_\_\_\_\_  
Home Address (Street Address, P.O. Box or Rural Route)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

E. \_\_\_\_\_  
Phone Number (Area Code & Number)

F. \_\_\_\_\_  
Race

G.  M  F  
Gender

H. \_\_\_\_\_  
Date of Birth (Month, Day, Year)

I. \_\_\_\_\_  
E-mail Address

J. Position (Check all that apply)  Sole Owner  Partner  Director  Officer  Shareholder  Business Contact  LLC Member

**AFFIDAVIT OF RESPONSIBILITY**

We declare that no individual, named in this supplement, has been convicted of a gambling or gambling-related offense or criminal fraud.

**sign here** ▶ \_\_\_\_\_  
Partner, LLC Member, or Officer of the Organization Print Name and Title Date

**sign here** ▶ \_\_\_\_\_  
Sole Owner, Partner, LLC Member, or Officer of the Organization Print Name and Title Date