



Charitable Bingo Operations Division

Application for License to Manufacture Bingo Supplies, Devices and Equipment

FORMID 35

WHO MUST SUBMIT THIS APPLICATION

This application must be submitted by any person (sole owner, partnership, corporation, or other group) who intends to distribute or supply in any manner bingo equipment, devices, or supplies for use in bingo games in Texas.

APPLICANT INFORMATION

1. _____
Legal Name of Applicant

2. _____
Mailing Address (Street address, PO Box, or Rural Route)

City State ZIP Code County

Designated Business Contact

Organization Web site Address (optional) E-mail Address

Daytime Phone (Area Code & Number) Alternate Phone (Area Code & Number) Fax Number (Area Code & Number)

3. Indicate how your business is owned (check only one): - Sole Ownership - Partnership - Texas Corporation
 - Foreign Corporation - Limited Liability Company - Other (specify) _____

4. Enter your Federal Employer's Identification Number (EIN), if any

5. If a sole ownership, enter the sole owner's Social Security Number

6. Enter your taxpayer number for reporting any Texas tax OR your Texas Vendor Identification Number _____

7. If your organization is a corporation, LLC, or other legal entity, enter the state of incorporation, the charter number, and date of incorporation.
If your business is a foreign corporation, provide your Texas C.O.A. number and date of issuance.

State Charter Number MM DD YYYY

Texas C.O.A. Number MM DD YYYY

8. If your business is a foreign corporation or other foreign legal entity, enter the following information for your registered agent for service of process in Texas.

Name Agent's business phone number

Physical Address (Do Not enter PO Box or Directions, i.e., 5 miles north of I-20)

City State ZIP Code

9. Are you or have you ever been licensed as a manufacturer, distributor or supplier of bingo supplies, devices and equipment in any state?
 Y E S (Must complete *Manufacturer Distributor Licensing History* form) N

MAIN OFFICE LOCATION

10. Enter the name and physical address of the main office of your manufacturing business.

Name

Physical Address (Do Not enter PO Box or Directions, i.e., 5 miles north of I-20)

City State ZIP Code County

BUSINESS LOCATIONS

11. List the name and address of each separate location of your business at which manufacturing, warehousing, selling, or promoting of bingo supplies, devices, or equipment that you intend for sale in Texas takes place. Include the main office location if distribution takes place at that location. (Attach additional sheets if necessary.) **Are additional sheets attached?** Y E S N O

Name

Physical Address (Do Not enter PO Box or Directions, i.e., 5 miles north of I-20)

City State ZIP Code County

Type Manufacturing Warehousing Selling Other _____

Name

Physical Address (Do Not enter PO Box or Directions, i.e., 5 miles north of I-20)

City State ZIP Code County

Type Manufacturing Warehousing Selling Other _____

OTHER INTERESTS

12. Enclose with this application a copy of all catalogs, brochures, etc. and a list of all major items you manufacture and intend to sell in Texas, including all bingo cards and all other items. Indicate the brand name, if any, under which each item will be sold. Information enclosed
13. List the names and address of each manufacturer, supplier and distributor in which the applicant has a financial interest, including any indebtedness between the applicant and the manufacturer, supplier and distributor of \$5,000 or more. Give the full details of the financial interest. Check, if not applicable

Manufacturer, supplier or distributor the applicant has an interest in

Address

Details of interest held

Are additional sheets attached? Y E S N O

14. List the names and address of all licensed commercial lessors and manufacturers and distributors of bingo equipment, devices, or supplies in which the applicant is an owner, officer, shareholder, director, agent or employee. Check, if not applicable

Name of lessor, manufacturer, or distributor

Position(s) held in affiliated lessor, manufacturer, or distributor

Ownership percent (if applicable)

Are additional sheets attached? Y E S N O

LICENSE TERM

15. Indicate the license term you are applying for: One (1) Year (\$3000 license fee) Two (2) Year (\$6000 license fee)
- Completed *Military Service Members, Military Veterans, or Military Spouses* form is attached for exemption of fee.

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.**

16. I/We the undersigned declare that:

- I/we have read this application and all of the information submitted to the Texas Lottery Commission and have read all of the attachments submitted;
- all of the information in this application and any attachments is true, accurate, and complete, and all of the names of persons, their interest and all other required information have been fully described and disclosed and that any change in such information will be given in writing to the Commission within fourteen (14) days of such change;
- I/we are duly authorized to make this application;
- I/we assume full responsibility for the lawful operation of all activities conducted under the license for which this application is made; that the applicant will ship bingo equipment, devices, and supplies for use or resale in the State of Texas only to distributors or authorized organizations licensed by the Commission;
- I/we will familiarize myself/ourselves with and abide by the provisions of the Texas Bingo Enabling Act and Charitable Bingo Administrative Rules.

I/We, the undersigned, further declare that the applicant or any required person named in this application:

- has never been convicted of criminal fraud, gambling, or a gambling-related offense;
- is not an owner, officer, director, shareholder, agent, or employee of a licensed commercial lessor;
- does not conduct, promote, administer, or assist in conducting, promoting, or administering bingo games for which a license is required under the Bingo Enabling Act;
- is not an elected or appointed public officer or employee;
- is not now nor has ever been a professional gambler or gambling promoter;
- is not a distributor required to be licensed under the Bingo Enabling Act

My name is _____, my date of birth is _____, and my
(First, Middle, Last) (MM/DD/YYYY)
 address is _____, and _____ . I declare under penalty of
(Street, City, State, Zip) (County)
 perjury that the foregoing is true and correct. Executed in _____ County, State of _____,
 on the _____ day of _____ .

sign here ►

Declarant

My name is _____, my date of birth is _____, and my
(First, Middle, Last) (MM/DD/YYYY)
 address is _____, and _____ . I declare under penalty of
(Street, City, State, Zip) (County)
 perjury that the foregoing is true and correct. Executed in _____ County, State of _____,
 on the _____ day of _____ .

sign here ►

Declarant