



Application for an Original License to Conduct Bingo Supplement

GENERAL INSTRUCTIONS

- Use black or blue ink only.
- DO NOT leave any item blank. If it does not apply, enter "N/A."
- This form must be complete and all required documentation submitted before it can be processed.

APPLICATION SUBMISSION

Submit application and supplemental information to:

Email: bingo.services@lottery.state.tx.us **Fax:** 512-344-5142

USPS Delivery: 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.

TAXPAYER INFORMATION

1. 2.
 Taxpayer Number Name of Organization License Number

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

Organization Website Address Fax Number (Area Code & Number)

Individual's Name to Contact Contact's Phone Number (Area Code & Number)

Organization Phone Number (Area Code & Number) Contact's Email Address

PLAYING LOCATION

4. If the location is not owned by your organization, then submit a copy of meeting minutes certified to be true and correct indicating your organization voted to conduct bingo at this location. Attached

Name of location where bingo games will be played

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

City State ZIP Code County

Playing Location Phone Number (Area Code & Number)

5. Is this location inside the city limits of the city named in Item 4? YES NO

6. How is the location controlled by your organization? **Own** (List date acquired _____ / _____ / _____ and go to Item 9)

Lease, including use of facilities free of charge (go to Item 8) \$

7. Is your organization joining a unit? YES NO Unit Number Lease Amount

LESSOR INFORMATION

8.
 Name of entity from whom you are leasing premises Lessor's Taxpayer Number Lessor's License Number

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

PLAYING TIMES

9. Day of the week and times games will be played.

Day	Begin Time	End Time	Day	Begin Time	End Time	Day	Begin Time	End Time
	<input type="checkbox"/> AM	<input type="checkbox"/> AM		<input type="checkbox"/> AM	<input type="checkbox"/> AM		<input type="checkbox"/> AM	<input type="checkbox"/> AM
	<input type="checkbox"/> PM	<input type="checkbox"/> PM		<input type="checkbox"/> PM	<input type="checkbox"/> PM		<input type="checkbox"/> PM	<input type="checkbox"/> PM
First Occasion			Second Occasion			Third Occasion		

CERTIFICATE FOR LICENSES TO CONDUCT CHARITABLE BINGO

10. Has a license been held, or is a license currently held, at the playing location named in Item 4?

YES (proceed to Item 13) NO (proceed to Item 11)

11. 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 conduct charitable bingo. 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. 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 Certification should be completed. If the proposed playing location is not inside the boundaries of an incorporated city or town, the County Clerk's Certificate should 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 4 and *sought to be licensed herein* (IS) (IS NOT) inside the boundaries of an incorporated city or town.

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

X _____
County Clerk

SEAL

County Clerk of _____
Name of County

JUSTICE OF THE PEACE CERTIFICATE

I hereby certify that the conduct of bingo is lawful at the location of the premises listed in Item 4 and *sought to be licensed herein*, and that such location is inside the boundaries of the justice precinct listed below and is not prohibited by local option selection.

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

X _____
Justice of the Peace

SEAL

Justice of the Peace of _____
Precinct & Location

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 4 and *sought to be licensed herein*, and that such location is inside the boundaries of the city or town.

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

X _____
City Secretary / Clerk

SEAL

City Secretary of _____
Name of City

CALCULATION OF SECURITY AMOUNTS

12. The required security is based on your estimated gross receipts from the conduct of bingo. Your license class and the amount of security will be calculated using the formula below. Calculations are based on a single bingo occasion. Required security must be submitted with this form.

- a. Enter estimated total dollar amount of regular and instant prizes to be awarded per bingo occasiona. _____
The prize amount cannot exceed \$5,000 per occasion for regular bingo games.
- b. Enter the number of occasions per week as indicated in Item 12, maximum of three (3) b. _____
- c. Amount of prizes to be awarded per week (multiply Item "a" by Item "b").....c. _____
- d. Number of weeks in a month that bingo is played (four [4])..... d. _____
- e. Enter the amount of prizes to be awarded in a month (multiply Item "c" by Item "d").....e. _____
- f. Enter estimated monthly gross receipts (Divide Item "e" by .70).....f. _____
- g. Number of months per year that bingo is played (twelve [12]).....g. _____
- h. Enter estimated annual gross receipts (Multiply Item "f" by Item "g").....h. _____
- i. You are applying for a Two Year License.

Enter your License Class (SEE TABLE BELOW) _____ Security Amount \$ _____

Table of Security Amounts		
Annual Gross Receipts	Class	Security Amount
\$25,000 or less	A	\$ 125
more than \$25,000 but not more than \$50,000	B	325
more than \$50,000 but not more than \$75,000	C	600
more than \$75,000 but not more than \$100,000	D	825
more than \$100,000 but not more than \$150,000	E	1,225
more than \$150,000 but not more than \$200,000	F	1,800
more than \$200,000 but not more than \$250,000	G	2,125
more than \$250,000 but not more than \$300,000	H	2,675
more than \$300,000 but not more than \$400,000	I	3,275
more than \$400,000	J	7,000

Note: At the end of your first regular license period, the Commission shall average the quarterly gross receipts for the quarter(s) reported to determine the organization's license class.

The Commission will accept only the following types of bonds or other security as security for the payment of prize fees: (1) cash or check made payable to the **State Comptroller**, (2) irrevocable assignments of accounts, (3) letters of credit from financial institutions, (4) United States Treasury bonds, readily convertible to cash, and (5) surety bonds.

Charitable Bingo Administrative Rule 402.400(j) states: A license applicant may withdraw an application at any time prior to the approval or denial of the application. Once the written request for withdrawal is received by the Commission, all processing of the application will cease and the withdrawal is considered final. If the organization wants to reapply for a license, a complete new application is required.

CERTIFICATION OF RESPONSIBILITY

13. We declare that: 1) all information regarding the organization named in this **FORMID 7** is complete and valid, 2) we have read, understand and will abide by the provisions of the Bingo Enabling Act and Charitable Bingo Administrative Rules, and 3) all statements in this form are true and correct to the best of our knowledge and belief.

sign here ▶ _____ | _____ | _____
Bingo Chairperson (cannot sign as Operator) | Print Name and Title | Date

sign here ▶ _____ | _____ | _____
Officer or Director | Print Name and Title | Date