



Verification by Parent for Charitable Organization Conductor

FORMID 110

WHO MUST SUBMIT THIS FORM

This form must be submitted by an organization applying for a license to conduct charitable bingo in Texas that is a subordinate organization to a parent organization. The form will verify that the subordinate organization is in good standing with the parent organization and whether the subordinate organization is covered under the 501(c) group exemption letter issued by the Internal Revenue Service (IRS) to the parent organization.

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**.

GENERAL INFORMATION

- Use black or blue ink.
- All fields must be completed. If not applicable, enter N/A in the field.
- The Applicant Organization Information section (Items 1-5) shall be completed by the organization applying for the license.
- The Parent Organization Information section (Items 6-16) shall be completed by the parent organization.
- This form must be signed by an authorized representative of the parent organization.
- A copy of the parent organization's group exemption letter or letter of determination issued by the IRS should be attached, if applicable.

Name of Organization	Taxpayer Number	License Number
----------------------	-----------------	----------------

APPLICANT ORGANIZATION INFORMATION

1. Name of the subordinate organization applying for the license (if applicable)	2. Subordinate organization's Employer Identification Number (if applicable)		
3. Mailing Address (Street address, PO Box or Rural Route. Do not give directions, i.e., 5 miles north of I-20.)			
4. City	State	Zip Code	County
5. Bingo Chairperson Name (LAST, FIRST, MIDDLE INITIAL)		Social Security Number	

PARENT ORGANIZATION INFORMATION

6. Name of parent organization			
7. Mailing Address (Street address, PO Box or Rural Route. Do not give directions, i.e., 5 miles north of I-20.)			
8. City	State	Zip Code	County
9. Individual responsible for the completion of this form	Phone Number (Area Code & Number)		
10. Is the subordinate organization referenced above in good standing with the parent organization? <input type="checkbox"/> YES <input type="checkbox"/> NO			
11. Is this applicant approved by the parent organization to conduct bingo? <input type="checkbox"/> YES <input type="checkbox"/> NO			
12. Number of members in the above referenced subordinate organization: _____			
13. Subordinate organization charter date: _____			
14. Is the subordinate organization referenced above covered under the parent organization's 501c group exemption letter or letter of determination issued by the IRS? <input type="checkbox"/> YES (go to item 15) <input type="checkbox"/> NO (go to item 16) Explain: _____			
15. Submit a copy of the central or parent organization's group exemption letter or letter of determination issued by the IRS. <input type="checkbox"/> Attached _____ <input type="checkbox"/> State <input type="checkbox"/> National			
16. Parent organization Employer Identification Number _____			

DECLARATION BY PARENT ORGANIZATION

I the undersigned, declare that: (1) all information provided is true and correct to the best of my knowledge and belief, (2) my organization will update all records timely with the IRS to reflect the subordinate organization's coverage by the group ruling and (3) I am authorized to make these declarations on behalf of the parent organization referenced above.



Representative for the Parent Organization	Print Name and Position	Date
--	-------------------------	------