



Charitable Bingo Operations Division  
**Conductor License Amendment**

**CONDUCTOR**

**FORMID 11**

**ORGANIZATION INFORMATION**

PLEASE PRINT LEGIBLY OR TYPE - USE BLACK INK

1.     
 Taxpayer Number License Number Name of Organization

**EFFECTIVE DATE**

2. Date you wish to begin conducting bingo under the amended license:     
 MM DD YYYY  
 In conjunction with   
 Other organization Taxpayer Number

**Complete only the section corresponding to the information that is changing.**

**UPDATED PLAYING TIMES**

3. Enter the entire playing schedule, even those days that are not changing.

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

**UPDATED ORGANIZATION INFORMATION**

4.   
 Name of Organization

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 Phone Number (Area Code & Number)

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

**UPDATED ORGANIZATION LOCATION**

5. Enter the new primary business address at which you conduct your meetings and principle business. (Attach meeting minutes)  
 (The primary business address is where your business records are maintained.)

Name of organization and primary business address where business records are maintained

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

City State ZIP Code County

Business office  Principle residence of the CEO

6. Has the organization, at a meeting of the membership, voted to change the primary business address?

YES Attach a copy of the meeting minutes.

7. Is this organization affiliated with a state or national organization?

YES  NO If "YES," submit a copy of approval from the state or national organization regarding the change of primary business office address if there is a change in county.

**UPDATED LOCATION INFORMATION**

8. How is the location controlled by your organization?
- Own** (List date acquired \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_) (Go to Item 10)
  - Lease**, including use of facilities free of charge (Go to Item 9) **Lease Amount** \$ \_\_\_\_\_
  - Non-Licensed Government Entity** (Go to Item 10)

**UPDATED LESSOR INFORMATION**

Enter the new Lessor information:

9. \_\_\_\_\_  
 Name of entity from whom you are leasing premises

\_\_\_\_\_ Lessor's Taxpayer Number \_\_\_\_\_ 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

**UPDATED PLAYING LOCATION**

Enter the new location at which games will be played. **(Attach meeting minutes\* and current license copy with this application.)**

10. \_\_\_\_\_  
 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)

11. Is this location inside the city limits of the city named in Item 10?  YES  NO

12. Is this location in the same county or an adjacent county as the authorized organization's primary business office address?  YES  NO

*\*Meeting minutes should 1) indicate that the organization voted to move playing locations, 2) contain exact playing location name and address, and 3) be signed by an officer with the statement, "I certify these minutes to be true and complete."*

**CERTIFICATION FOR LICENSE TO CONDUCT CHARITABLE BINGO**

13. Is a license currently held by any organization at the playing location named in Item 10?  YES If "YES," proceed to Item 16  NO If "NO," proceed to Item 14
14. The following section must be completed by either the County Clerk or City Secretary for the county 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 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 sought to be licensed herein is not inside the boundaries of an incorporated city or town. Location of playing premises:

\_\_\_\_\_ Address

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ County

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

**X** \_\_\_\_\_  
County Clerk

**SEAL**

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 sought to be licensed herein, and that such location is inside the boundaries of the city or town and is not prohibited by local option election. Location of playing premises:

\_\_\_\_\_ Address

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ County

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

**X** \_\_\_\_\_  
City Secretary / Clerk

**SEAL**

City Secretary of \_\_\_\_\_  
Name of City

