## Charitable Bingo Operations Division



## **Abandonment or Lease Termination**

**FORMID 12** 

	EASE PRINT OR TY												
	1		1	1					1				
1.	Taxpayer Number			Name of Organization	1								
2.	2. Reason: ☐ Abandonment ☐ Lease Termination ☐ Involuntary Loss of Playing Location (Attach FORMID 13) ☐ (Attach FORMID 26) ☐ (Attach FORMID 11)												
	3. Date Bingo Activities Ceased Month (MM) Day (DD) Year (YYYY)												
AM	AMENDING ORGANIZATION												
4.	5.												
Taxpayer Number Name of Organization									1				
6.	6. Mailing Address (Street Address, PO Box, or Rural Route)												
	I Address (Street	et Address, FO Dox, or	Juliess, FO DOX, OF Nutral Moute)										
	City			L State	ZIP Code		County						
				State			County		I				
Organization Website Address Fax Number (Area Code & Number)													
	 					1							
Individual's Name to Contact Phone Number (Ar							k Number)						
Individual 3 Heart to Correct (Alex Code							,		1				
	Alternate Phone Num	iber (Area Code & Numb	er)		E-mail Add	lress (optional)							
						, , ,		1					
7.	Enter the date th	nat a copy of this a	oplication was	sent to the organization	ation ceasing bing	D:	DD	YYYY					
							55						
	01150 <b>7</b> 50 5555	OTIVE DATE											
	Date you wish to		ı bingo under t	he amended licens	0.								
0.					<del>С</del> .	1 1	1						
	☐ Effective the	earliest possible d	ate OR	■ Effective	MM DD	\	,						
AM	ENDING FROM	ADMINISTRATIVI	HOLD STAT	US									
9.	Is your license o	urrently in an Admi	nistrative Hold	status? 🖵 Y E	ES 💷 NO								
	-	-				ication to ame	end the license o	ut of "Administrative	· Hold" status:				
	ii yoo, pioace tei	r do write on carriote	211000 O1 0VOITE	o loa your organizat		TOCKHOTT TO CATTLE		at or marminotrative	riola diataol				
Б. /	NAME TIMES												
	AYING TIMES												
10.				e days which are no eased/ceasing orga			nder Section 200	)1.108 of the Bingo	Enabling Act,				
								D 1 T					
	Day	Begin Time	End Time	Day	Begin Time	End Time	Day	Begin Time	End Time				
		☐ AM ☐ PM to	□ AM □ PM		☐ AM ☐ PM to	□ AM   □ PM		☐ AM ☐ PM to	□ AM □ PM				
	First Occasion	I → PIVI to	→ PIVI	Second Occasion	☐ PIVI TO	→ PIVI	Third Occasion	☐ PIVI (0	→ PIVI				
Till Occasion													

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PLAY	ING LOCATION										
11. If you are changing the playing location where your games are currently conducted, complete the following section. Please note to file under Section 2001.108 of the Bingo Enabling Act, the location requested must be the same as the ceased/ceasing organization's location.											
N	Name of location where bingo games will be played										
	hysical Address of your playing location (Do Not enter PO Box or Directions,	i o 5 milos porth	of I 20)								
	nysical Address of your playing location (Do Not enter PO Box of Directions,	i.e., 5 miles north	011-20)	1 1	1						
	ity	State	ZIP Code	County							
P	laying Location Phone Number (Area Code & Number)										
<b>12.</b>  s	this location inside the city limits of the city named in Item 9?	☐ YES	□ NO								
13. ⊦	low is the location controlled by your organization?	Own (List of Lease, incl	ate acquired	// charge (go to Item 14)	and go to Item 15)						
LESS	OR INFORMATION										
14.											
1	lame of entity from whom you are leasing premises			Lessor's Taxpayer N	umber						
l L	Mailing Address (Street Address, PO Box, or Rural Route. Do not	give directions,	.e., 5 miles north of I-20)								
		- 									
(	City	State	ZIP Code	County							
15. L is	st all organizations that intend to file temporary license applications being processed. (Attach additional sheets if necessary.)  Tame of Organization  Tame of Organization		Section 2001.108(e) of the Taxpayer Number Taxpayer Number Taxpayer Number	e Bingo Enabling Act v	while the amendment application						
We declare that: 1) all information regarding the organization named in this application 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) we have sent a copy of the application to the licensed authorized organization ceasing to conduct bingo, and 4) all statements in this application are true and correct to the best of our knowledge and belief.  Sign											
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hei		Print I	Name and Title		Date						

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