

Charitable Bingo Operations Division

Original Application for Temporary Bingo Occasions for Non-Regular Organization

FORMID 20

■ NO

WHO MUST SUBMIT THIS APPLICATION

This application must be submitted by every non-profit organization (religious society, medical research or treatment organization, fraternal organization, veterans' organization, volunteer fire department or volunteer emergency medical services provider) that intends to conduct a temporary charitable bingo game in a legalized area in Texas. An organization may conduct charitable bingo in the county in which it is principally located or an adjacent county. Refer to Rule §402.420 for qualifications and requirements of organizations.

This form must be completed by an organization that has never held a license to conduct charitable bingo, or if it has been more than 3 years since its last temporary license. Please complete all application sections for your organization.

Note: An Non-Regular organization may not receive more than 12 temporary licenses in a calendar year.

FORM SUBMISSION

ORGANIZATION INFORMATION

Must be submitted at least 30 calendar days prior to the first bingo occasion requested on this form.

File via the Bingo Service Portal (BSP) at: https://bsc.txbingo.org/bsp/faces/Common/bspLoginPage.jsf

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**.

4. Is this organization a subsidiary of a state or a national organization?.....
☐ Y E S

If **YES**, enter the name of the state/national organization and its address.

5. Does this organization now have a 501(c) exemption from the Internal Revenue Service (IRS)? YES NO

6. Has your organization filed Form 990 with the IRS in the past? YES NO

7. Enter your nine (9) digit Federal Employer Identification Number (EIN), if any. . . .

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r your organizatio	n's eleven (11) digit Texas	s Vendor Identification Nur	mber			
s organization is in	ncorporated, enter the fol	llowing:				
	Texas Charter				Date (MM/DD/YYYY)	
	TOXAG GHAROI			1 1	Date (WIWI/DD/1111)	
L	Certification of Authority Numbe	er (if out of state entity doing busing	ness in Texas)		Date (MM/DD/YYYY)	
scribe the method	of organization, such as	bylaws, constitution, char	rter. religious directory. et	C.		
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nod of Organization					Date (MM/DD/YYYY)	
es your organization	on distribute any of its inc	come to its members, office	cers, or governing body	except as reasonable	compensation for se	rvices?
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OCCASIONS						
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e of organization's prim	ary business office (If no busines	s office, indicate the principle resid	dence of your CEO)			
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	sorganization is in a control of organization and of Organization are syour organization are syour organization are syour organization are syour organization and sy more than one logion, FORMID 156 Per the date(s) of the Month M	Certification of Authority Numbers Certification of	Sorganization is incorporated, enter the following: Texas Charter Certification of Authority Number (if out of state entity doing business office) Social the method of organization, such as bylaws, constitution, chain and of Organization distribute any of its income to its members, office and of Organization distribute any of its income to its members, office and of Organization must be received at least 30 calendar days prior to the lay more than one location, a separate form with location information must be entitled to the date(s) of the temporary bingo occasion(s). Month Day Year Month Day Year	Texas Charter Certification of Authority Number (if out of state entity doing busness in Texas) scribe the method of organization, such as bylaws, constitution, charter, religious directory, et and of Organization distribute any of its income to its members, officers, or governing body of Y E S (describe below) O OCCASIONS This application must be received at least 30 calendar days prior to the first bingo occasion be lay more than one location, a separate form with location information must be completed for occasion ion, FORMID 156 Prize Fee Summary for Multiple Playing location must be filed with the quarterly reper er the date(s) of the temporary bingo occasion(s). 13. Day of the we will be played. Month Day Year Day Month Day Wear Day Month Day Month Day Month Day Wear Day Month Day Month Day Month Day Month Day Wear Day Month Day	Sorganization is incorporated, enter the following: Taxas Charter Certification of Authority Number (if out of state entity doing business in Taxas) sorbice the method of organization, such as bylaws, constitution, charter, religious directory, etc. and of Organization distribute any of its income to its members, officers, or governing body except as reasonable YES (describe below) NO OCCASIONS This application must be received at least 30 calendar days prior to the first bingo occasion being requested. Its many prior to the first bingo occasion at each location, where its prior prior of the first bingo occasion at each location where inc. PORMID 158 Prize Fee Summary for Multiple Playing location must be belief with the quatertry report. If the date(s) of the temporary bingo occasion(s). 13. Day of the week (Mon., Tues., etc.) will be played. Indicate if times are / will be played. Indicate if times are / Day Time Month Day Year Day Time	Sorgenization is incorporated, enter the following: Timeac Charter

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Home Address (Use Street Address, PO Box, or Rural Route. Do not give directions, i.e., 5 miles north of I-20.) City State ZIP Code Phone Number (Area Code & Number) E-mail Address BINGO CHAIRPERSON Enter the name and all requested information for the officer or member of your board of directors who will serve as the Bingo Chairperson for your organ This individual is responsible for overseeing the organization's bingo activities and reporting back to the membership about those activities. 11- Name (LAST, FIRST, MIDDLE INITIAL)	5.	
Address Libe Street Address, NOT PO Box or Rural Route. Do not give directions, i.e., 5 miles north of L20) City State ZIP Code County Playing Location Priorin Number (Avea Code & Number) 16. Is this location inside the city limits of the city named in Item 15?		
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6. Is this location inside the city limits of the city named in Item 15?	State Zir Code County	
7. Is this location in the same or adjacent county as the authorized organization's primary business office address? YES NO 8. How is the location controlled by your organization? Own (List date acquired	Playing Location Phone Number (Area Code & Number)	
PREATOR Inter the name and specific information requested of the active member of the organization who will serve as the operator at the bingo occasion(s) (obtined in the Chairperson). This individual serves as the supervisor of the bingo operation and is responsible for all bingo activities on behalf of the licensed organization. Number (Jass Street Address, PO Box, or Rural Route. Do not give directions, i.e., 5 miles north of I-20.) City Date of Birth (MMXDDYYYY) E-mail Address INGO CHAIRPERSON Inter the name and all requested information for the officer or member of your board of directors who will serve as the Bingo Chairperson for your organization is individual is responsible for overseeing the organization's bingo activities and reporting back to the membership about those activities. State Date of Birth (MMXDDYYYY) E-mail Address INGO CHAIRPERSON Inter the name and all requested information for the officer or member of your board of directors who will serve as the Bingo Chairperson for your organization's bingo activities and reporting back to the membership about those activities. Name (LAST, FIRST, MIDDLE INTIAL) Social Security Number Diver's Loense Number Diver's Loense Number State Diver's Loense Number E-mail Address From Number (Area Code & Number) State Diver's Loense Number Diver's Loense Number	6. Is this location inside the city limits of the city named in Item 15?	
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23. 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.

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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 County Witness my hand and seal of office this _____ day of _____ A.D. (Year) ____ . X _____County Clerk **SEAL** County Clerk of _____ Name of County JUSTICE PRECINCT 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 justice precinct listed below and is not prohibited by local option election. Location of playing premises: Address Witness my hand and seal of office this ______ day of ______ A.D. (Year) _____. **SEAL** Precinct Number and Location

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CITY SECRETARY'S CERTIFICATE

(If not an incorporated city, so state)

Address City States ZP Code County Wilness my hand and seel of office this day of	hereby certify that the conduct of bingo is lawful a of the city or town and is not prohibited by local opt		censed herein, and that such location is	inside the boundaries
Witness my hand and seal of office this	_ocation of playing premises:			
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ERTIFICATION OF RESPONSIBILITY Du are certifying on a State of Toxas License Application that the information provided is true and correct. A. We, the undersigned, declare that the organization identified in this application is an authorized organization as defined in the Texas Bingo Enabling Act, that we are active members of the organization identified in this application is an authorized organization as defined in the Texas Bingo Enabling Act, that we are active members of the organization, that we will be responsible for conducting charitable bingo games and filing all required returns in accordance with the provisions of the Texas Bingo Enabling Act (BEA) and Charitable Bingo Administrative Rules (CBAR), and that all net proceed derived from charitable bingo games will be used for charitable purposes as defined in the BEA. We declare that no person named in this supplement in whose name bingo will be conducted or a person working at the proposed bingo occasion has been convicted of a gambling of refinese or criminal fraud. We declare that in officer or director of the organization has been convicted of a gambling or gambling-related offense. We further declare that if granted a license to conduct charitable bingo, a member of the organization identified in this application designated as an ope tor will be present at an in charge of each and every charitable bingo game played under this license. We further declare that this license will not be sold, rented, transferred, or otherwise assigned to any group or individual. We further declare that the declare that this license will not be sold, rented, transferred, or otherwise assigned to any group or individual. We further declare that the well keep accurate records of all charitable bin proceeds and expenses subject to audit by the Texas Lottery Commission. We understand that the failure to abide by the provisions of the BEA and CDAR could subject the signers of this application to possible criminal prosecution and the revocation of this license. We furthe	Witness my hand and seal of office this	day of	A.D. (Ye	ear)
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