



Application for Commercial License to Lease Bingo Premises

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

ORGANIZATION INFORMATION

PLEASE PRINT LEGIBLY OR TYPE - MUST USE BLACK OR BLUE INK

1. Legal Name of Applicant _____

2. 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 _____ Application Contact _____

Organization Phone Number (Area Code & Number) _____ Application Contact's Number (Area Code & Number) _____

Organization Fax Number _____ Application Contact's E-mail Address _____

Are you currently a licensed Conductor? Yes No If Yes, provide License Number _____

OWNERSHIP INFORMATION

3. Indicate how your business is owned (check only one type)* Sole Ownership (complete Item 4) Partnership Limited Liability Company (LLC)
 Texas Corporation Foreign Corporation Association Other (specify) _____

4. *If you are the sole owner, enter the following information. **NOTE:** If your business is not a sole ownership, complete *Add Individuals to Commercial Lessor License* form listing all partners, officers, directors, shareholders, and any other persons having a financial interest in your business.

Name (LAST, FIRST, MIDDLE INITIAL) _____

Social Security Number _____ Driver's License Number / Identification Number _____ State _____

Home Address (Street Address, PO Box, or Rural Route. Do not give directions, i.e., 5 miles north of I-20) _____

City _____ State _____ ZIP Code _____ Phone (Area Code & Number) _____

Race _____ Gender M F Date of Birth (MM DD YYYY) _____ E-mail Address _____

5. Enter your nine (9) digit Federal Employer's Identification Number (EIN), if any _____

6. Enter your eleven (11) digit Texas Vendor Identification Number _____

BUSINESS CONTACT

8. Enter the following information for one (1) person who may be contacted during business hours for records or information about the applicant.

Name (LAST, FIRST, MIDDLE INITIAL) _____

Social Security Number _____ Driver's License Number / Identification Number _____ State _____

Home Address (Street Address, PO Box, or Rural Route. Do not give directions, i.e., 5 miles north of I-20) _____

City _____ State _____ ZIP Code _____ Phone (Area Code & Number) _____

Race _____ Gender M F Date of Birth (MM DD YYYY) _____ E-mail Address _____

PLAYING LOCATION

9. Enter the name of the bingo hall where games will be played _____

 Physical address of the bingo hall (Do not enter PO Box or Rural Route. Do not give directions, i.e., 5 miles north of I-20)

 City _____ State _____ ZIP Code _____ County _____

 Enter the phone number of the bingo hall (area code & number) _____

10. Is this location inside the city limits named in Item 9? YES NO

11. What is the maximum seating capacity for bingo? _____

12. Will the proposed playing location share a common foundation or roof with another licensed bingo location? YES NO

13. Is this location owned or leased? Owned (list date acquired ____/____/____ and go to Item 15) Leased (go to Item 14)
 MM DD YYYY

14. If LEASED, enter the name and address of the entity from whom you are leasing the premises.

 Name of landlord

 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 _____
 Federal nine (9) digit Employer Identification Number for landlord (if known) _____

CALCULATION OF LICENSE FEE

15. **The fee for a license is based on your estimated gross rental income. Your license class and fee will be calculated using the formula below. Required licenses fee must be submitted with this application.**

a. Estimated monthly gross rental income..... a. _____
 b. Number of months in a year that rent is due..... b. _____
 c. Estimated annual gross rental income (Multiply Item "a" by item "b")..... c. _____

d. We are applying for: One Year License Two Year License
 Completed *Military Service Members, Military Veterans, or Military Spouses* form is attached for exemption of fee.

e. Filing as Military Service Member Military Veteran Military Spouse

Enter your license class (SEE TABLE BELOW) _____ License Fee \$ _____

Annual Gross Rentals	Class	One Year License Fee	Two Year License Fee
not more than \$12,000	A	\$ 132	\$ 264
more than \$12,000 but not more than \$20,000	B	264	528
more than \$20,000 but not more than \$30,000	C	396	792
more than \$30,000 but not more than \$40,000	D	528	1,056
more than \$40,000 but not more than \$50,000	E	792	1,584
more than \$50,000 but not more than \$60,000	F	1,188	2,376
more than \$60,000 but not more than \$70,000	G	1,584	3,168
more than \$70,000 but not more than \$80,000	H	1,980	3,960
more than \$80,000 but not more than \$90,000	I	2,640	5,280
more than \$90,000	J	3,300	6,600

Note: At the end of your first regular license period, the amount of estimated gross rental income reported in this application will be reviewed. Any deficiency of the prior year license fee for that period must be paid prior to issuance of a renewal license. Any excess of the prior year license fee will be credited to your account.

- License fee payment must be made by cashier's check, money order, or personal check made payable to the STATE COMPTROLLER.

LESSEE INFORMATION

16. List all organizations which plan to lease the location indicated in Item 9 directly from you to conduct bingo games.

Name of Organization	Organization's Taxpayer Number	License Number (if applicable)	Rent Per Occasion

CERTIFICATION FOR LICENSE TO LEASE BINGO PREMISES

17. 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 lease bingo premises for the conduct of 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 listed in Item 9 and sought to be licensed herein is not inside the boundaries of an incorporated city or town.

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

SEAL

X _____
County Clerk

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 listed in Item 9 and sought to be licensed herein. I further certify that such location is inside the boundaries of the city or town and is not prohibited by local option election.

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

SEAL

X _____
City Secretary/Clerk

City Secretary of _____
Name of City

REQUESTED EFFECTIVE DATE

18. Date you wish to begin leasing bingo premises:

Effective the earliest possible date OR Effective MM DD YYYY

AFFIDAVIT OF RESPONSIBILITY

You are certifying on a State of Texas License Application that the information provided is true and correct. There is a substantial penalty for a fraudulent application.

19. I/We, the undersigned, declare that (except as noted below):

- No public officer received or will receive any consideration, direct or indirect, as owner or lessor of the premises where bingo will be played;
- No person named in this application or its supplement has extended credit to, loaned money to, or paid or provided for the payment of license fees for an authorized organization applying to play on the premises for which this application is made;
- No person named in this application or its supplement is a distributor or manufacturer of bingo equipment, devices or supplies, or is a shareholder, officer, director, or holder of any financial interest in a distributor or manufacturer licensed in this state;
- No person with at least a ten percent (10%) interest in the applicant's business is either married to or related in the first degree to any person referenced in the above declarations;
- The above-referenced declarations would also apply to all persons who are active in the applicant's business or employed by the applicant.

EXCEPTION(S) – Explain: _____

We further certify that copies of this application have been sent to: (please check one)

- Incorporated City or Town-City Council or chief legislative body
- County Commissioner's Court

and that I/we are in all respects the real party of interest in the leased premises, that I/we are not acting as an undisclosed agent or trustee for the real party of interest, and that all statements in this application and any attachments are true and correct to the best of my/our knowledge and belief.

sign here ▶ Sole Owner, LLC Member, Partner, or Officer of the Organization Print Name & Title Date

sign here ▶ Partner, LLC Member, or Officer of the Organization Print Name & Title Date