



**Charitable Bingo Operations Division** 

# **Individual Statement of Manufacturer** or Distributor Certification

**FORMID 40** 

### WHO MUST SUBMIT THIS FORM

All applicants for a manufacturer or distributor license, and those currently licensed, must submit this form to disclose all officers, directors, partners, LLC members, sole owner, partners, credit interest holders, shareholders holding more than ten percent (10%) of any class of stock, a foreign corporation's registered agent for service, and representative/agents. This form would also be used to add position(s) to individuals previously disclosed by an 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 INSTRUCTIONS**

- Use black or blue ink only.
- Individuals holding position(s) marked with an asterisk (\*) require the submission of an FBI or DPS fingerprint card when being disclosed for the first time.
- Please complete each item of the form. We are unable to process forms with illegible, missing, or incomplete information.
- Only one business contact for an organization may be named at any given time.
- Please attach a detailed explanation for every item where you respond "YES."
- This form must be signed by the individual.

L Name of Manufacturer or Distributor	Taxpayer Number	License Number (if applicable)
INDIVIDUAL INFORMATION		
Name (LAST, FIRST, MIDDLE INITIAL)		
Social Security Number Driver's License Number		State
Home Address (Street Address, PO Box, or Rural Route)		
Home Address (Street Address, FO Dox, of Harai Houte)		
City State ZIP Code	Phone Number (Area C	ode & Number)
		1
Race Gender Date of Birth (MM, DD, YYYY) E-ma	ail Address	
Position (Check all that apply) Sole Owner* Partner* Director* Office	er*	Business Contact (one per org.)
	stered Agent for Service*	
BACKGROUND INFORMATION		
	swear and affirm that I am th	ne person identified above.
Name (FIRST, MIDDLE INITIAL, LAST)		
1. Have you ever been convicted of criminal fraud, gambling, or a gambling related offense?		
2. Are you or have you ever been a professional gambler or gambling promoter?		
3. Are you an elected or appointed public officer?		
4. Are you a public employee?		
5. Are you an owner, officer, director, shareholder, agent, or employee of a commercial lessor?		QYES QNO
<ol> <li>Do you conduct, promote, administer, or assist in conducting, promoting, or administering Bing for which a license is required by the Bingo Enabling Act, Chapter 2001, Occupations Code?</li> </ol>	o games	
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BACKGROUND INFORMATION (CONT'D)	
7. Have you ever had a license to manufacture, distribute, or supply bingo equipment, devices, or supplies revoked within the preceding year by any other state or jurisdiction?	□ N O
8. Are you an owner, officer, director, shareholder of, or a person holding an equitable or credit interest in another licensed distributor or manufacturer?	□ N O
9. Are you required to be named in another application for a manufacturer, distributor or lessor license?	🗆 N O
10. Can any person related to you in the first degree by blood or through marriage (mother, father, siblings, spouse, children, mother-in-law, father-in-law, spouse's siblings, spouse's children) answer "Yes" to any of the above questions?	□N O

#### AUTHORIZATION FOR EXAMINATION & RELEASE OF INFORMATION FOR USE IN ASSESSMENT OF BINGO LICENSE

, do hereby authorize a review, full disclosure, and release of any and all records concerning myself to any duly authorized officer, agent, or employee of the Texas Lottery Commission, whether the records are public, private, or confidential in nature with the following understanding:

- 1. The information reviewed, disclosed, and/or released to the Texas Lottery Commission may be used by the Lottery Commission for any lawful purpose and/or to determine the applicant's qualifications to be licensed as provided in the Bingo Enabling Act, Chapter 2001, Occupations Code.
- 2. If this authorization is not sufficient to obtain access to certain records, it is understood that I may be requested to execute some other appropriate authorization.
- 3. A photocopy of this authorization will have the same force and effect as the original.

#### **AFFIDAVIT OF RESPONSIBILITY**

I am fully aware that this certification is a government document, and under penalties of perjury, I declare that all the information in this document is true and correct. I agree that I will notify the Charitable Bingo Operations Division, Texas Lottery Commission of any changes in the information provided above within fourteen (14) days of the change as defined in Section 2001.211 of the Bingo Enabling Act.

My name is		, my c	late of birth is		_ , and my
	(First, Middle, Last)			(MM/DD/YYYY)	
address is		, and _		I declare und	ler penalty of
	(Street, City, State, Zip)		(County)		
perjury that the foregoing is true	e and correct. Executed in		County, State of		
on the	day of				
		cian			
		sign ▶ here ▶			
		nere	Declarant		