



Charitable Bingo Operations Division

Application for a Temporary License to Conduct Charitable Bingo – Abandonment or Lease Termination Conditions

WHO MUST SUBMIT THIS FORM

This application must be submitted by an organization, currently licensed to conduct charitable bingo, at the same location as an organization that has ceased or will cease to conduct bingo (Ceasing Organization), due to abandonment or lease termination, that intends to conduct a temporary charitable bingo game that would be in excess of the twelve temporary licenses allowed per license year.

INSTRUCTIONS

- A licensed authorized organization must have submitted a completed Application to Amend a License to Conduct Charitable Bingo – Abandonment or Lease Termination FORMID 12 (Amending Organization), which the commission has not acted on.
The applicant must have all required quarterly reports filed, all prize fees, penalty, and/or interest paid and all required charitable distributions made.
If the amending organization is issued the amendment license prior to issuing the temporary license, the temporary license application shall be discontinued.
DO NOT leave any item on the application blank. If an item does not apply to your organization, enter "NA."
Item 9 – Enter the day of the week and time the bingo occasion(s) will be played. Please note that the days and times listed must be consistent with the day and times currently licensed to the ceasing organization. When completing the times, 12:00 a.m. (midnight) is the first time available in a day, and the last available time for that day is 11:59 p.m. since 12:00 a.m. begins the next day. The times indicated will represent the temporary bingo occasion. Bingo must be conducted on the date, day and times as specified on the license. NOTE: Please make sure that the date(s) entered in Item 8 correspond with the day(s) entered in Item 9. Conflicting information will delay the processing of your application.

Submit your completed application to:

USPS Delivery: Texas Lottery Commission, Charitable Bingo Operations Division, PO Box 16630, Austin, TX 78761-6630

Courier Delivery: Texas Lottery Commission, Charitable Bingo Operations Division, 1801 N. Congress Ave., Austin TX, 78701

Fax: 1-512-344-5142

For Assistance: 1-800-246-4677 or txbingo.org

Email: bingo.services@lottery.state.tx.us

TAXPAYER INFORMATION

PLEASE PRINT LEGIBLY OR TYPE

1. Taxpayer Number
2. Name of Organization
3. Person to contact (PLEASE PRINT)
Phone number of contact person (Area Code & Number)
Organization's fax number (Area Code & Number)
Organization's/contact's E-mail address (optional)

ORGANIZATION CEASING BINGO

4. Taxpayer Number, Name of Organization
5. Date Bingo Activities Ceased: Month (MM), Day (DD), Year (YYYY)

AMENDING ORGANIZATION

6. Taxpayer Number, Name of Organization
7. Requested Start Dates: Month (MM), Day (DD), Year (YYYY)

**BINGO OCCASIONS**

**NOTE: The date(s) and time(s) requested on this temporary application must be consistent with the licensed times of the organization that has ceased or will cease conducting bingo referenced in Item 4.**

8. Enter the date(s) of the temporary bingo occasion(s)

1.     
 Month (MM) Day (DD) Year (YYYY)

2.     
 Month (MM) Day (DD) Year (YYYY)

3.     
 Month (MM) Day (DD) Year (YYYY)

4.     
 Month (MM) Day (DD) Year (YYYY)

5.     
 Month (MM) Day (DD) Year (YYYY)

6.     
 Month (MM) Day (DD) Year (YYYY)

9. Day of the week (Mon., Tues., etc.) and time the bingo occasion(s) will be played. Indicate if times are AM or PM.

Day	Begin Time	End Time
<input type="text"/>	<input type="text"/> AM	<input type="text"/> AM
<input type="text"/>	<input type="text"/> PM	<input type="text"/> PM

Day	Begin Time	End Time
<input type="text"/>	<input type="text"/> AM	<input type="text"/> AM
<input type="text"/>	<input type="text"/> PM	<input type="text"/> PM

Day	Begin Time	End Time
<input type="text"/>	<input type="text"/> AM	<input type="text"/> AM
<input type="text"/>	<input type="text"/> PM	<input type="text"/> PM

Day	Begin Time	End Time
<input type="text"/>	<input type="text"/> AM	<input type="text"/> AM
<input type="text"/>	<input type="text"/> PM	<input type="text"/> PM

Day	Begin Time	End Time
<input type="text"/>	<input type="text"/> AM	<input type="text"/> AM
<input type="text"/>	<input type="text"/> PM	<input type="text"/> PM

Day	Begin Time	End Time
<input type="text"/>	<input type="text"/> AM	<input type="text"/> AM
<input type="text"/>	<input type="text"/> PM	<input type="text"/> PM

**CERTIFICATION OF RESPONSIBILITY**

10. We certify that: 1) all information regarding the organization named in this application currently on record with the Texas Lottery Commission remains complete and valid as originally submitted or subsequently amended, 2) we authorize the Texas Lottery Commission to discontinue processing this temporary application, if the Commission issues the application on file for the amending organization listed, 3) we understand that should the Texas Lottery Commission act on the application on file for the amending organization listed, and should we decide to continue processing this temporary application, each temporary license issued will be included in the number of temporary licenses entitled to our organization under the Bingo Enabling Act, 4) we understand that this temporary application will be discontinued should the amending organization's license be issued prior to this temporary license, and 6) we have read, understand and will abide by the provisions of the Bingo Enabling Act and Charitable Bingo Administrative Rules, and 5) all statements in this application are true and correct to the best of our knowledge and belief.

**sign here**     
 Bingo Chairperson (cannot sign as Operator) Print Name and Title Date

**sign here**     
 Operator/Designated Operator Print Name and Title Date