



Lessor License Amendment

TAXPAYER INFORMATION

1.
 Taxpayer Number License Number Playing Location Name

2.
 Lessor Name

3.
 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 Fax Number (Area Code & Number)

Individual's Name to Contact Phone (Area Code & Number)

Alternate Phone (Area Code & Number) E-mail Address

BUSINESS CONTACT

Check this box and complete all appropriate information if there is a change of business contact. Enter the following information for the individual who may be contacted during business hours for records or information about the applicant.

4.
 Name (LAST, FIRST, MIDDLE INITIAL)

Social Security Number Driver's License Number State

Home Address

City State ZIP Code Phone (Area Code & Number)

M F
 Email Address Gender Date of Birth (MM/DD/YYYY)

PLAYING LOCATION

5.
 Enter the name of the bingo hall where games will be played

Enter the phone number of the bingo hall (include Area Code)

Physical 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

6. Is the location named in Item 5 inside the city limits? YES NO

7. What is the maximum seating capacity for bingo?

8. Is there a common foundation or roof shared with another licensed bingo playing location? YES NO

9. Is this location owned or leased? OWNED (List date acquired ____/____/____) LEASED (go to Item 10)
 If LEASED, enter the name and address of the entity from which you are leasing the premises.

10.
 Name of Landlord Employer's Identification Number

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

EFFECTIVE DATE OF MOVE

11. Date you wish to begin leasing bingo premises under the amended license:

Effective
MM DD YYYY

LESSEE INFORMATION

12. List all organizations which plan to lease the location indicated in Item 5 directly from you to conduct bingo games.

Name of Organization	Organization's Taxpayer Number	Rent Per Occasion
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

13. If the organizations named in Item 12 are currently licensed to conduct bingo at the playing location named in Item 5, is **Change of Commercial Lessor at Existing Location FORMID 27** attached? YES NO

CERTIFICATION FOR LICENSE TO LEASE BINGO PREMISES

14. Has a license to lease bingo premises been held, or is a license currently held at the location named in Item 5? YES (go to Item 16) NO (go to Item 15)

15. 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 5 and sought to be licensed herein is not inside the bounds of an incorporated city or town.

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

x _____
County Clerk

SEAL

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 5 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) _____

x _____
City Secretary/Clerk

SEAL

City Secretary of _____
Name of City

AFFIDAVIT OF RESPONSIBILITY

16. I/We declare that: 1) copies of this application have been sent to: (please check one)

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

2) 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; 3) I/We have read, understand and will abide by the provisions of the Bingo Enabling Act and Charitable Bingo Administrative Rules and; 4) all statements in this application are true and correct to the best of my/our knowledge and belief.

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

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