

## Charitable Bingo Operations Division

# **Conductor Request for Waiver**

**FORMID 119** 

#### WHO MUST SUBMIT THIS FORM

This form must be completed by a licensed authorized organization to request the commission to waive the requirement that organization's bingo operations result in net proceeds over their license period or that the organization disburse the required amount of net proceeds for charitable purposes. Please note that the required supplemental information attachments must accompany this form before the request may be processed.

#### **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.

ORGANIZATION INFORMATION		
1.	2.	
	Taxpayer Number License Number Name of Organization	
3.	Mailing Address (Street Address, PO Box, or Rural Route. Do not give directions, i.e., 5 miles north of I-20)	
	Maining Address (Street Address, PO Box, or Adrai Route. Do not give directions, i.e., 5 miles north of 1-20)	
L	City State ZIP Code County	
٦	Individual's Name to Contact Phone Number (Area Code & Number)	
	Alternate Phone Number (Area Code & Number)  E-mail Address	
,	Alternate Phone Number (Area Code & Number) E-mail Address	
WAI	VER INFORMATION	
4. 3	Select the type of waiver being requested:	
Ţ	■ Exempt from bingo operations resulting in net proceeds over the license period.	
	License Period: through License Period Start Date (MM/DD/YYYY) License Period End Date (MM/DD/YYYY)	
Г	■ Exempt from disbursing the required amount of net proceeds for charitable purposes for a specific calendar quarter.	
•		
	Quarter: of Quarter Number Year	
<b>5.</b> l	List the specific reason(s) the waiver is needed. Attach additional sheets if necessary.	
	☐ Additional sheets attached	
6	Provide an explanation of how compliance with the requirement requesting to be waived is detrimental to the organization's existing or planned	
	charitable purposes. Attach additional sheets if necessary.	
	□ Additional sheets attached	

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<b>7.</b> Wha	at is the organization's intended purpose of future charitable distributions? Attach additional sheets if necessary.
	☐ Additional sheets attached
REQU	IRED SUPPLEMENTAL INFORMATION ATTACHMENTS
If the v	vaiver request is due to force majeure or circumstances beyond the control of the organization, submit:
of a	cumentation from outside sources supporting force majeure or evidence of circumstances beyond the control of the organization. Examples acceptable documents include newspaper articles, copies of local ordinance changes, police or fire department reports, notification of road struction, or photographs.
	vaiver request is based on a credible business plan for the conduct of bingo or for the organization's existing or planned charitable ses, submit:
□ AC	redible Business Plan may, but is not required to include the following:
	<ul> <li>the specific activity or activities the organization intends to undertake as they apply to the reason for the application for waiver including;</li> <li>a timeline for undertaking the activities that is reasonable in light of the requested waiver period;</li> </ul>
	the cost of undertaking the activities and how those costs will be managed;      whether the activities may receive the expected to increase the revenues of the expectation.
	<ul> <li>whether the activity or activities may reasonably be expected to increase the revenues of the organization;</li> <li>a description of the expenses, if any, that would be avoided or reduced during the period for which the waiver would be applicable; and</li> </ul>
	• an explanation of how the proposed activity or activities will allow the organization to correct its financial difficulties to ensure the bingo operations result in positive net proceeds.
* Pl	ease note, a credible business plan should present the commission with enough information to justify the waiver.
SIGNA' The infor	TURES mation and documentation provided is true and complete to the best of our knowledge and belief.
sign here	Bingo Chairperson Print Name Date
eier	
sign here	Officer of the Organization Print Name Date

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