

Charitable Bingo Operations Division

Application for an Original License to Conduct Bingo

FORMID 1

WHO MUST SUBMIT THIS FORM: This form must be completed by an applicant requesting a regular conductor bingo license.

FORM SUBMISSION:

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 Congress Ave., Austin TX, 78701

Email: bingo.services@lottery.state.tx.us **Fax:** 1-512-344-5212

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:

- An applicant must provide with its application documentation demonstrating that it meets all qualifications and requirements for a license to conduct bingo.
- The qualifications, requirements, and necessary documentation for different types of organizations are referenced in Figure 16 within TAC §402.420.
- Fill in all information, leave no blanks. Enter "N/A" if not applicable.
- This form must be complete and all required documentation submitted before it can be processed.
- This form must be signed by the applicants.
- Incomplete applications will not be processed.

OF	RGANIZATION INFORMATION USE BLACK OR BLUE INK
1	Legal Name of Organization
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
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	Organization Website Address Individual's Name to Contact
	Organization Phone Number (Area Code & Number) Individual's Contact Number (Area Code and Number)
	Corganization FAX Number (Area Code & Number) Individual's E-mail Address
3.	Type of non-profit organization (check one): Religious Medical Fraternal Volunteer Fire Department Veteran*
	 National Historical District Association Volunteer Emergency Medical Services Provider
	*Is this veteran's organization chartered by the US Congress? Ves No
4.	Is this organization affiliated with a state or a national organization? Yes No If "Yes," enter the name of the state/national organization and its address.
5.	Does this organization now have a 501(c) exemption from the Internal Revenue Service (IRS)?
6.	Enter your nine (9) digit Federal Employer Identification Number (EIN).
7.	Enter your parent organization EIN, if any.
8.	Enter your organization's eleven (11) digit Texas Vendor Identification Number.
9.	If this organization is incorporated, enter the following:
	State Texas Charter Date (MM/DD/YYYY)
	Certification of Authority Number Date (MM/DD/YYYY)
10	Certification of Authority Number Date (MM/DD/YYYY) Is this organization in good standing with the Texas Secretary of State? No
	Describe the method of organization such as bylaws, constitution, charter, religious directory, etc.
• • • •	
	Method of Organization (bylaws, constitution, charter, articles, religious directory MM DD YYYY
12.	Has your organization filed Form 990 with the IRS in the past 3 years? $\ \square$ Yes $\ \square$ No If yes, attach current copy of Form 990.
13.	Does your organization distribute any of its income to its members, officers, or governing body except as reasonable compensation for services?
	☐ Yes (describe below) ☐ No

TLC Pub #17290 (Rev. 8/24)
Page 1 of 2

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Social Searchy Number: Prime Address (Sheet Address, PO Exe. or Fund Robe Do not give destricts i.d., 6 mite north of 120)		
State Strainty Number Diver's Horse / Mentification Number State		organization. This individual is responsible for overseeing the organization's bingo activities and reporting back to the membership about those activities.
State State Description Number Description Number State Description Number Descr		
Home Address (Shreet Address, PO Box, or Bural Pouts, Do not give directions, Le., 5 miles room of 1-26) City State ZP Code Phore Number (Area Code & Number) Bingo Training Program Completion Date MM DD YYYY E-mail Address Bingo Training Program Completion Date MM DD YYYY Worker (Registry Number) Position(s) held by the Bingo Chairporson: Director Officior "Must mark at least one. PRIMARY BUSINESS LOCATION 15. Name of organizations primary business office (if no business office, include the principle residence of year CEO) Phone Number (Vers Code and Number) Address (Lite street address, NOT PO Box or Bural Rous; Do not give directions, Le., 5 miles north of EQU City This location is: Descripting on a State of Texas License Application that the information provided is true and correct. There is a substantial penalty for a fraudulent application. This is the certification of responsibility to be signed by the Bingo Chairperson and an Officer or Director of the organization. 16. We, the undersigned, declare that the organization identified in this application is an authorized organization as defined by the Bingo Enabling Act (BEA), that we are active members of the organization, that we will be responsible for conducting charitable bingo genes and filing all required returns in accordance with the provisions of the BEA and Charitable Englary Administrative Nations (CaloNI), and that all net proceeded defined from charitable bingo genes will be separated as an occurator will be present at and in charge of each and every charitable bingo genes will be separated as an occurator will be present at and in charge of each and every charitable bingo genes and the license. We further declare that this license will not be sold, rented, transferred, or otherwise assigned to any group or individual. We further dealer that we will be added to the provisions of the BEA and CBAR could subject the signers of this application to possible oriminal prosecution, administrative breaking colorists revocution		Name (LAST, FIRST, MIDDLE INITIAL)
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We further certify that all statements in this application and any attachments are true and correct to the best of our knowledge and belief and that we the undersigned, declare that as the Bingo Chairperson of the organization and Officer/Director, we have read and will abide by the above statement. Sign Bingo Chairperson (cannot sign as Officer or Director) Print Name & Title Date		abide by the provisions of the BEA and CBAR could subject the signers of this application to possible criminal prosecution, administrative penalties, and
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Bingo Chairperson (cannot sign as Officer or Director) Print Name & Title I certify that I will be responsible for the conduct of bingo under the terms of the License and Section 2001, Texas Occupations Code, Bingo Enabling Act. Sign here		the undersigned, decide that as the bingo origination of the organization and onlock/birector, we have read and will above statement.
Bingo Chairperson (cannot sign as Officer or Director) Print Name & Title I certify that I will be responsible for the conduct of bingo under the terms of the License and Section 2001, Texas Occupations Code, Bingo Enabling Act. Sign here		
I certify that I will be responsible for the conduct of bingo under the terms of the License and Section 2001, Texas Occupations Code, Bingo Enabling Act.		
sign here	-	
here	-	
here	-	Bingo Chairperson (cannot sign as Officer or Director) Print Name & Title Date
Officer or Member of the Board of Directors Print Name & Title Date	he	Bingo Chairperson (cannot sign as Officer or Director) Print Name & Title Date I certify that I will be responsible for the conduct of bingo under the terms of the License and Section 2001, Texas Occupations Code, Bingo Enabling Act.
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