



Charitable Bingo Operations Division

Application for an Original License to Conduct Bingo

CONDUCTOR

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.

ORGANIZATION INFORMATION USE BLACK OR BLUE INK

- Legal Name of Organization
- Mailing Address (Street address, PO Box or Rural Route. Do not give directions, i.e., 5 miles north of I-20.)

<input type="text"/> City	<input type="text"/> State	<input type="text"/> ZIP Code	<input type="text"/> County
<input type="text"/> Organization Website Address		<input type="text"/> Individual's Name to Contact	
<input type="text"/> Organization Phone Number (Area Code & Number)		<input type="text"/> Individual's Contact Number (Area Code and Number)	
<input type="text"/> Organization FAX Number (Area Code & Number)		<input type="text"/> Individual's E-mail Address	
- 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? ☐ Yes ☐ No
- 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.
- Does this organization now have a 501(c) exemption from the Internal Revenue Service (IRS)? ☐ Yes ☐ No
- Enter your nine (9) digit Federal Employer Identification Number (EIN).
- Enter your parent organization EIN, if any.
- Enter your organization's eleven (11) digit Texas Vendor Identification Number.
- If this organization is incorporated, enter the following:

<input type="text"/> State	<input type="text"/> Texas Charter	<input type="text"/> Date (MM/DD/YYYY)
	<input type="text"/> Certification of Authority Number	<input type="text"/> Date (MM/DD/YYYY)
- Is this organization in good standing with the Texas Secretary of State? ☐ Yes ☐ No
- Describe the method of organization such as bylaws, constitution, charter, religious directory, etc.

<input type="text"/> Method of Organization (bylaws, constitution, charter, articles, religious directory)	<input type="text"/> MM	<input type="text"/> DD	<input type="text"/> YYYY
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- Has your organization filed Form 990 with the IRS in the past 3 years? ☐ Yes ☐ No If yes, attach current copy of Form 990.
- 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

BINGO CHAIRPERSON

14. Enter the name and all requested information for the officer or member of your board of directors that will serve as the Bingo Chairperson for your organization. This individual is responsible for overseeing the organization's bingo activities and reporting back to the membership about those activities.

Name (LAST, FIRST, MIDDLE INITIAL)

Social Security Number

Driver's License / Identification Number

State

Home Address (Street Address, PO Box, or Rural Route. Do not give directions, i.e., 5 miles north of I-20)

City

State

ZIP Code

Phone Number (Area Code & Number)

☐ M ☐ F Date of Birth _____
Gender MM DD YYYY E-mail Address _____

Bingo Training Program Completion Date _____
MM DD YYYY Worker Registry Number _____

Position(s) held by the Bingo Chairperson: ☐ Director ☐ Officer *Must mark at least one.

PRIMARY BUSINESS LOCATION

15. _____
Name of organization's primary business office (If no business office, indicate the principle residence of your CEO) Phone Number (Area Code and Number) _____

Address (Use street address, NOT PO Box or Rural Route. Do not give directions, i.e., 5 miles north of I-20.)

City

State

ZIP Code

County

This location is: ☐ business office ☐ principle residence of the CEO ☐ Bingo Hall

CERTIFICATION OF RESPONSIBILITY

You are certifying 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 games and filing all required returns in accordance with the provisions of the BEA and Charitable Bingo Administrative Rules (CBAR), and that all net proceeds derived from charitable bingo games will be used for charitable purposes as defined in the BEA. We further declare that if granted a license to conduct charitable bingo, a member of the organization identified in this application designated as an operator will be present at and in charge of each and every charitable bingo game played under this license. We further declare that this license will not be sold, rented, transferred, or otherwise assigned to any group or individual. We further declare that we will keep accurate records of all charitable bingo proceeds and expenses subject to audit by the Texas Lottery Commission. We understand that the failure to abide by the provisions of the BEA and CBAR could subject the signers of this application to possible criminal prosecution, administrative penalties, and license revocation.

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
here**

► _____
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.

**sign
here**

► _____
Officer or Member of the Board of Directors Print Name & Title Date