



Application to Transfer Ownership of a Commercial License to Lease Bingo Premises

FORMID 22

WHO MUST SUBMIT THIS APPLICATION: This application must be submitted by any person (sole owner, partnership, corporation, or other entity), including an organization licensed to conduct charitable bingo, that intends to transfer the ownership of their commercial license to lease bingo premises to any person (sole owner, partnership, corporation, or other entity), including an organization licensed to conduct charitable bingo, and if applicable, to change the playing locations as authorized under the Bingo Enabling Act (BEA).

FORM SUBMISSION:

Postal 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

Form must be submitted with payment and the original license to be considered complete. \$10.00 Amendment Application Fee, in the form of a check or money order made out to the State of Texas Comptroller, noted for the transfer of license including the license number. See 16 Texas Administrative Code Rule §402.442 (b)(2)

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:

- The information requested below for individuals are necessary to conduct criminal history background investigations which is authorized under the Bingo Enabling Act, Occupations Code, Sec 2001.154. All fields must be completed.
- A person who has been convicted of criminal fraud or a gambling related offense will be denied.
- NOTE: If you reside outside of Texas, a Federal Bureau of Investigation fingerprint card or IdentoGo receipt must accompany this application.
- Incomplete applications will not be processed.

IMPORTANT NOTICE

You must submit your original license to lease bingo premises when you file this application unless the license is currently maintained on administrative hold. You must also submit the amendment fee with this application. You must keep a copy of your original license posted until ownership of the commercial license to lease bingo premises is approved to transfer and the amended license is received. YOU MAY NOT BEGIN YOUR AMENDED ACTIVITIES UNTIL YOU RECEIVE YOUR NEW LICENSE AND IT TAKES EFFECT. Lessor licenses that were issued prior to June 10, 1989 known as "Grandfathered Lessors" can be transferred to a new owner using this form, however "Grandfathered Leasing Rights" do not transfer with the license. Please see [16 Texas Administrative Code Rule §402.443\(b\)](#). Review of the [Lessor Tier Structure](#) is encouraged.

CURRENT LICENSE HOLDER INFORMATION

1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Taxpayer Number	License Number	Playing Location Name
2.	<input type="text"/>		
	Name of Current Owner		
3.	<input type="text"/>		
	Mailing Address (Street Address, PO Box, or Rural Route. Do not give directions, i.e., 5 miles north of I-20)		
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	City	State	ZIP Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Individual's Name to Contact	Daytime Phone of Contact Person (Include Area Code)	

Please note: If the fees for this license are exempt because the current license holder is a military service member, military veteran or military spouse, all required license fees for the current license period will be due in addition to the transfer fee.

TRANSFER OF OWNERSHIP INFORMATION

4.	<input type="text"/>		
	Name of Organization license is being transferred to (Applicant)		
5.	<input type="text"/>		
	Mailing Address (Street Address, PO Box, or Rural Route. Do not give directions, i.e., 5 miles north of I-20)		
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	City	State	ZIP Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Organization's Web Site Address	Fax Number (Area Code & Number)	
	<input type="text"/>	<input type="text"/>	
	Individual's Name to Contact	Daytime Phone of Contact Person (Include Area Code) (REQUIRED)	
	<input type="text"/>	<input type="text"/>	
	Alternate Phone (Area Code & Number)	Email Address (REQUIRED)	

TRANSFER OF OWNERSHIP INFORMATION (CONT'D)

6. Indicate how your business is owned (check only one type) ☐ Sole Ownership (complete Item 7) ☐ Partnership ☐ Limited Liability Company (LLC)
☐ Texas Corporation ☐ Foreign Corporation ☐ Association ☐ Other (specify) _____
7. If you are the sole owner, enter the following information. **NOTE:** If your business is not a sole ownership, complete *Add Individuals to a Commercial Lessor License* form listing all partners, officers, directors, LLC members, shareholders, and any other persons having a financial interest in your business.

<input type="text"/>			
Name (LAST, FIRST, MIDDLE INITIAL)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Social Security Number	Driver's License Number	State	
<input type="text"/>			
Home Address (Street Address, PO Box, or Rural Route. Do not give directions, i.e., 5 miles north of I-20)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP Code	Phone (Area Code & Number) (REQUIRED)
<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="text"/>	
Gender	Date of Birth (MM DD YYYY)	Email Address (REQUIRED)	

8. Enter the Federal Employer Identification Number (EIN) for the business the license is being transferred to, if any

9. If the license is being transferred to a corporation, enter the state of incorporation, the charter or COA number, and date of incorporation or date COA was granted, as applicable, for the corporation the license is being transferred to:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
State	Charter Number	MM	DD	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Texas COA Number		MM	DD	YYYY
Type of corporation (check one): <input type="checkbox"/> P – Profit <input type="checkbox"/> N – Non-Profit				

EFFECTIVE DATE

10. Enter the date the license to lease bingo premises is to be transferred:

Effective ☐ Earliest Date Possible
MM DD YYYY

BUSINESS CONTACT

11. Enter the information for the one (1) person who may be contacted during business hours for records or information about the applicant.

<input type="text"/>				
Name (LAST, FIRST, MIDDLE INITIAL)				
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Social Security Number	Driver's License Number	State		
<input type="text"/>				
Mailing Address (Street Address, PO Box, or Rural Route. Do not give directions, i.e., 5 miles north of I-20)				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP Code	County	Phone Number (Area Code & Number) (REQUIRED)
<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="text"/>		
Gender	Date of Birth (MM DD YYYY)	Email Address (REQUIRED)		

PLAYING LOCATION

12. ☐ Check this box if the license is to be transferred and placed on administrative hold, and go to Item 26.
13. ☐ Check this box if the license is to be transferred and remain at the same playing location, and go to Item 16.
14. ☐ Check this box and complete all appropriate information to change the location where bingo games will be played.

15.

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 of the bingo hall (Street Address or Rural Route. Do not give directions, i.e., 5 miles north of I-20)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP Code	County

PLAYING LOCATION (CONT'D)

16. Is this location inside the city limits of the city named in Item 15? ☐ YES ☐ NO

17. What is the maximum seating capacity for bingo? _____

18. Is there a common foundation or roof shared with a bingo premises currently licensed? ☐ YES ☐ NO

19. Is this location owned or leased? ☐ Owned (List date acquired _____ and go to Item 21) ☐ Leased (go to Item 20)
(MM DD YYYY)

20. If LEASED, enter the name and address of the entity from whom you are leasing the premises.

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

LESSEE INFORMATION

21. List all organizations which plan to lease the location in Item 16 directly from the organization the license is being transferred to. (Attach additional sheets if necessary.)

Name of Organization	Organization's Taxpayer Number	Rent Per Occasion
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

22. If the transferred license is to remain at the same playing location, is *Change of Commercial Lessor at Existing Location* attached? ☐ YES ☐ NO

CERTIFICATION FOR LICENSE TO LEASE BINGO PREMISES

23. Has a license to lease bingo premises been held, or is a license currently held at the playing location named in Item 15?

☐ YES (go to item 26) ☐ NO (go to Item 25)

24. The following certificate must be completed by the County Clerk or City Secretary for the county or city in which you are proposing to lease premises for the conduct of charitable bingo. If the County Clerk certifies that the location of the playing premises is not inside the boundaries of an incorporated city or town, the City Secretary's Certification need not be completed.

CERTIFICATION FOR BINGO PLAYING LOCATION

25. The following section must be completed by either the County Clerk, Justice of the Peace or City Secretary for the county, precinct, or city in which you are proposing to conduct charitable bingo.

- A. If the proposed playing location is not inside the boundaries of an incorporated city or town, the County Clerk's Certificate should be completed.
- B. If the proposed playing location is in a territory not inside the boundaries of an incorporated municipality, the Justice of the Peace of the Precinct Certificate should be completed.
- C. 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.

COUNTY CLERK'S CERTIFICATE (#A)

I hereby certify that the conduct of bingo is lawful in the county named below. I further certify that the location of the premises sought to be licensed herein is not inside the boundaries of an incorporated city or town.

Location of playing premises:

Address

City State ZIP Code County

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

X _____
County Clerk or authorized delegated personnel

SEAL

County Clerk of _____
Name of County

JUSTICE PRECINCT CERTIFICATE (#B)

(If the proposed playing location is in a territory NOT inside the boundaries of an incorporated municipality)

I hereby certify that the conduct of bingo is lawful at the location of the premises sought to be licensed herein, and that such location is inside the boundaries of the justice precinct listed below and is not prohibited by local option election.

Location of playing premises:

Address

City

State

ZIP Code

County

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

X

Justice of the Peace or authorized delegated personnel

SEAL

Justice of the Peace of _____

Precinct Number and Location

CITY SECRETARY'S CERTIFICATE (#C)

(If the proposed playing location is within the boundaries of an incorporated city or town)

I hereby certify that the conduct of bingo is lawful at the location of the premises sought to be licensed herein, and that such location is inside the boundaries of the city or town and is not prohibited by local option election.

Location of playing premises:

Address

City

State

ZIP Code

County

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

X

City Secretary / Clerk or authorized delegated personnel

SEAL

City Secretary of _____

Name of City

DECLARATION OF CURRENT LICENSE HOLDER

26. To be completed by the current license holder.

I/We, the undersigned request that the license to lease bingo premises currently held by _____
(Organization's name as it appears on the bingo license)

to be transferred to _____ effective _____ as agreed upon at
(New entity's name as it appears on the organizing instrument) (MM/DD/YYYY)

a meeting held by our organization on _____.
(MM/DD/YYYY)

**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

27. If a corporation, submit a copy of the corporate resolution approving the transfer of the license.

☐ Attached

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.

28. I/WE the undersigned, declare that (except as noted below):

- No person named in this application or supplement, during the preceding ten (10) years, has been convicted of a felony, criminal fraud, gambling, gambling related offense, or crime of moral turpitude, served any sentence, parole, mandatory supervision, or probation for such an offense;
- No public officer receives any consideration, direct or indirect, as owner or lessor of the premises where bingo will be played;
- No person named in this application or its supplement has extended credit to, loaned money to, paid, or provided for the payment of license fees for an authorized organization applying to play on the premises for which the application is made;
- No person named in this application or its supplement is a distributor or manufacturer of bingo equipment, devices, supplies, or automated bingo services, is a shareholder, officer, director, or holder of any financial interest in a distributor or manufacturer in this state;
- No person with over a ten percent (10%) interest in the applicant's business is either married to or related in the first degree to any person referenced in the above declaration.
- The above-referenced declarations would also apply to all persons who are active in applicant's business or employed by the applicant.

EXCEPTION(S) — Explain: _____

I/WE certify that 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

and that I/We are in all respects the real party in interest in the leased premises, that I/We are not acting as an undisclosed agent or trustee for the real party in interest and that all statements in this application and any attachments are true and correct to the best of my/our knowledge and belief. I/we further certify that an authorized meeting was held by our organization in which the acceptance of the transferred license to lease bingo premises was approved.

**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

29. Submit a copy of corporate resolution from transferring corporation accepting the transfer. Not applicable for LLC.

☐ Attached

30. Submit a copy of corporate resolution from receiving corporation accepting the transfer.

☐ Attached

31. If playing location is changing additional forms as follows: [16 TAC §402.442\(b\)\(5\)](#)

☐ Attached