

Notice of Change to Accounting Unit

FORMID 65

WHO MUST SUBMIT THIS APPLICATION

| | s form must be submitted as notification to the commission of a change in mailing address, playing location, membership, management, or an amended unit stagreement for an established accounting unit. |
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| A | COUNTING UNIT INFORMATION |
| 1. | Unit Number |
| 2. | Unit Name |
| | Individual's name to contact (PLEASE PRINT) Enter daytime telephone number of contact person (include Area Code) |
| | Alternate phone number (include Area Code) |
| | E-mail address |
| | Is this a change 🗖 or a dissolution of the unit 🗖 |
| | FECTIVE DATE Enter the date that the changes on this form or the dissolution of the unit are effective: Month (MM) Day (DD) Year (YYYY) |
| | Complete only the section corresponding to the information that is changing. |
| | EMBER ORGANIZATION INFORMATION Complete this section to change the membership of your accounting unit. Departing Members Enter the organization information for members withdrawing from the unit and the effective date(s) of withdrawal. (If your unit agreement specifies that the withdrawing member |
| | is entitled to either a share of the inventory or payment for the member's share of the inventory, complete the corresponding checkbox.) |
| | Name of Organization as it appears on license Taxpayer Number License Number Withdrawal Date |
| | Paid for inventory \$ Inventory transferred and a copy attached Inventory Method and documentation to be sent within the # of days stated in the agreement |
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| | Name of Organization as it appears on license Taxpayer Number License Number Withdrawal Date |
| | ☐ Paid for inventory \$ ☐ Inventory transferred and a copy attached ☐ Method and documentation to be sent within the # of days stated in the agreement New Members Enter the organization information for new unit members and the effective date they joined the unit. |
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| | Name of Organization as it appears on license Taxpayer Number License Number Effective Date |
| | ☐ No inventory transferred ☐ Inventory transferred and a copy attached ☐ Method and documentation to be sent within 30 days stated in the agreement |
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| | Name of Organization as it appears on license Taxpayer Number License Number Effective Date |
| | ☐ No inventory transferred ☐ Inventory transferred and a copy attached ☐ Method and documentation to be sent within 30 days stated in the agreement |
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| City State Zip Code County Phone number of the bingo hall (include Area Code) Fax number of the bingo hall (include Area Code) Lessor Taxpayer Number Lessor License Num ANAGEMENT Complete this section to change the unit manager, designated agent, or trustee organization for the accounting unit. To change the Unit Manager, enter the following information: Enter the name of the new Unit Manager Unit Manager Taxpayer Number To change the Designated Agent, enter the following information: Is Designated Agent current in Bingo Training Program? Yes No Name (LAST, FIRST, MIDDLE INITIAL) Social Security Number Driver's License Number State Lessor Taxpayer Number Unit Manager Taxpayer Number State Phone (Area Code & Number) Emerican Address City State Zip Code Phone (Area Code & Number) Lessor License Number Lessor License Numb | | | | | | | | |
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