



**Missouri Gaming Commission  
Charitable Games Division  
P. O. Box 1847  
Jefferson City, MO 65102**

## **IMPORTANT INFORMATION - PLEASE READ**

Dear Bingo License Applicant:

Enclosed is a Missouri Bingo License Application. Before completing the application form, please read the following information carefully to determine if your organization qualifies for a bingo license.

**PLEASE NOTE: EFFECTIVE JANUARY 1, 1995, NO RENTED OR REUSABLE (HARD CARDS) BINGO CARDS MAY BE USED TO CONDUCT ANY GAME. ALL GAMES MUST BE CONDUCTED WITH DISPOSABLE PAPER CARDS THAT ARE MARKED BY PERMANENT INK.**

**To qualify for a bingo license, you must be one of the following not-for-profit organizations. Also, you must have obtained an exemption from the payment of federal income taxes, as provided in the appropriate section of the Internal Revenue Code of 1954, as indicated below.**

1. **Charitable** - 501(c)(3)
2. **Fraternal** - 501(c)(5), 501(c)(8), or 501(c)(10)
3. **Religious** - 501(c)(3) or 501(d)
4. **Service** - 501(c)(4), 501(c)(5), or 501(c)(7)
5. **Veterans** - 501(c)(19)

**The Missouri Bingo License Application, Form 100, must be completed in its entirety and must be signed by the PRESIDENT and SECRETARY of the organization. Please refer to the application for instructions and additional attachments required.**

Please forward the completed application and applicable documentation to the Missouri Gaming Commission, Charitable Games Division, P. O. Box 1847, Jefferson City, MO 65102. If you have questions, please call 573-526-5370 or toll free in Missouri at 1-866-801-8643, FAX 573-526-5374. You may also visit our web site at [www.mgc.dps.mo.gov](http://www.mgc.dps.mo.gov).

## ILLEGAL GAMBLING DEVICES

In keeping with the Missouri Gaming Commission's emphasis on providing clear expectations to all bingo licensees, we must remind you that possessing, using and/or allowing other individuals to use or store gambling devices on the bingo premises is a serious violation of the law. Section 572.070 RSMo, 2000 provides that a person commits the crime of possession of a gambling device if, with knowledge of the character thereof, he manufactures, sells, transports, places or possesses, or conducts or negotiates any transaction affecting or designed to affect ownership, custody or use of: (1) A slot machine; or (2) Any other gambling device, knowing or having reason to believe that it is to be used in the State of Missouri in the advancement of unlawful gambling activity. Possession of a gambling device is a class A misdemeanor.

Gambling devices carry various name brands. In general terms, these gambling devices are what we commonly known as video poker or slot machines. You should not be misled by any distributor's assurances about the legality of video poker machines, or labels that state "For Amusement Only". Basically, a gambling device is any device for which there is a cost to play and an opportunity for winning cash or anything that has, or can be converted to tangible value. If any illegal gambling devices are ever found anywhere on the premises of any bingo licensee, the organization's bingo license will be revoked. Note that premises as used in this notice include the entire structure within which the bingo hall is located.

If you have any questions or doubts about the legality of any machines, please call the Missouri Gaming Commission, Enforcement Section of the Charitable Games Division at 573-526-5370, or toll free in Missouri 1-866-801-8643 for clarification.



MISSOURI GAMING COMMISSION • CHARITABLE GAMES DIVISION  
PO BOX 1847, JEFFERSON CITY, MO 65102  
TELEPHONE: (573) 526-5370 IN-STATE TOLL FREE 1-866-801-8643  
FAX: (573) 526-5374

# MISSOURI BINGO OR SPECIAL ABBREVIATED PULL-TAB LICENSE APPLICATION - MULTIPLE ORGANIZATIONS

FORM  
**120**  
(REV. 7-10)

## PLEASE TYPE OR PRINT LEGIBLY

POSTMARK EFFECTIVE DATE EXPIRATION DATE

- PLEASE PRINT OR TYPE ALL RESPONSES
- ANSWER ALL QUESTIONS
- DO NOT WRITE IN SHADED AREAS
- ATTACH A SEPARATE FORM 100 OR FORM 105 FOR EACH PARTICIPATING ORGANIZATION TOGETHER WITH REQUIRED DOCUMENTS

INCOMPLETE APPLICATIONS WILL BE RETURNED. ALLOW 4-6 WEEKS TO PROCESS. TYPE OR PRINT USING BLACK INK

### 1. TYPE OF APPLICATION (CHECK THE APPLICABLE BOX)

- ☐ REGULAR ANNUAL LICENSE - \$50.00 FEE
- ☐ SPECIAL ABBREVIATED PULL-TAB LICENSE – \$10.00 FEE FOR A PERIOD NOT TO EXCEED 24 HOURS OR 1 DAY - LIMIT 15 PER CALENDAR YEAR
- ☐ SPECIAL BINGO AND PULL-TAB LICENSE - \$25.00 FEE

1a. IF YOUR ORGANIZATION PREVIOUSLY HELD A BINGO LICENSE OF ANY TYPE OR AN ABBREVIATED PULL-TAB LICENSE PROVIDE THE LICENSE NUMBER PREVIOUSLY ISSUED

### 2. NAME AND LOCATION OF PRINCIPAL ORGANIZATION

LOCATION (MAILING ADDRESS)

TELEPHONE (AREA CODE AND NUMBER)

CITY STATE ZIP CODE COUNTY

### 3. LIST OF NAMES AND ADDRESSES OF EACH PARTICIPATING QUALIFIED ORGANIZATION

	NAME	ADDRESS
1		
2		
3		
4		
5		

4. Will bingo or abbreviated pull-tab games be conducted on leased premises? ☐ Yes ☐ No. If yes, a copy of the lease agreement(s) must accompany this application.

5. Street address(es) or location description(s) where the bingo or abbreviated pull-tab game is to be conducted \_\_\_\_\_

6. Will bingo games be conducted with leased equipment? ☐ Yes ☐ No. If yes, a copy of the lease agreement must accompany this application.

7. Day of week bingo or abbreviated pull-tab game is to be conducted: First day of week \_\_\_\_\_ Time ☐ AM ☐ PM  
Second day of week \_\_\_\_\_ Time ☐ AM ☐ PM

8. Describe the purpose for which bingo or abbreviated pull-tab proceeds will be used in detail \_\_\_\_\_

9. Provide the name, address and daytime telephone number of the person(s) authorized to receive service of legal papers and commission documents on behalf of the organization. This individual(s) must also be required to notify the Commission as to any changes in the application or organization.

Name \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

The undersigned do hereby state under penalties of perjury that all statements in the foregoing application are true and correct; that the officers, operators, and workers of the game are two year bona fide members of the sponsoring organization, have not been convicted of a felony; and they are fully aware of eligibility restrictions stated in Section 313.035 RSMo and 313.040(2) RSMo. The organization acknowledges that any license granted by the Commission is subject to the provisions of Chapter 313 RSMo and the Regulations promulgated thereunder. Failure to comply thereto will subject its license to suspension or revocation. Further, the organization agrees to allow inspections by the Commission made in accordance with the above and authorizes the Commission or its agents to examine and secure copies of any records or documents in connection with its bingo or pull-tab game, to include those on file with a bookkeeper. The organization authorizes the Commission to secure copies of financial records to include, but not limited to, signature cards, checking and savings accounts, deposit and withdrawal records and any other financial records established in connection with the organization. **Failure to submit records requested could result in the immediate suspension or revocation of your bingo or abbreviated pull-tab license.**

SIGNATURE OF PRESIDENT OF PRINCIPAL ORGANIZATION	DAYTIME TELEPHONE	SIGNATURE OF SECRETARY	DAYTIME TELEPHONE
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## WARNING

Each question must be answered fully, accurately and completely. Any misrepresentation or omission can result in the denial, suspension or revocation of your application and/or license. When information is unknown, so indicate. You must make a reasonable inquiry to determine the answers to all questions. Any statement that is not true or not disclosed, which becomes known at any later date, is cause for revocation of the organization's bingo or abbreviated pull-tab license.

## FOR COMMISSION USE ONLY

APPLICATION IS	COMMENTS	LICENSE NO.	CHECK NO.	LICENSE FEE
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	SIGNATURE			\$ DATE

## MAIL APPLICATION AND SUPPORTING DOCUMENTS TO

MISSOURI GAMING COMMISSION  
CHARITABLE GAMES DIVISION  
PO BOX 1847  
JEFFERSON CITY, MO 65102

**MISSOURI BINGO OR ABBREVIATED PULL-TAB LICENSE APPLICATION INSTRUCTIONS - MULTIPLE ORGANIZATION LICENSE**

Line 1. Place an "X" in the box beside the type of application for which your organization is applying.

Line 1a. If your organization previously held a bingo license of any type or an abbreviated pull-tab license, provide the license number previously issued in the space provided.

**NOTE:** **Regular Annual License** - This license should be requested if your organization intends to conduct a bingo game on a regular basis (up to two per week) during the year. Attach \$50.00 license fee.

**Special Bingo and Pull-Tab License** - This license should be requested if your organization intends to hold a bingo game, at which pull-tabs may be sold during an event, such as a fair, picnic, festival or celebration, not exceeding one week and which is held not more than once annually. Attach \$25.00 license fee.

**Special Abbreviated Pull-Tab License** - This license should be requested if your organization intends to sell pull-tabs only without conducting bingo. This license is valid for a period not to exceed 24 hours or 1 day. You may conduct no more than fifteen of these pull-tab events per calendar year. Provide \$10.00 for each license you wish to obtain. If you do not know the dates of the events, we suggest you apply for only the dates you know at this time and complete a separate application later for the remaining events.

Line 2. Enter the name, address and telephone number of principal organization. For mailing purposes indicate P.O. Box if applicable.

Line 3. Enter name and address of each participating organization (not to exceed five).

Line 4. Place an "X" in correct box. Also, indicate by separate attachment if premises is owned by any of the listed organizations under Section 3.

Line 5. Enter physical location(s) where bingo or abbreviated pull-tabs is to be conducted. Do not use P.O. Box or Rural Route.

Line 6. Place an "X" in the correct box. Also, indicate by separate attachment if equipment is owned by any of the listed organizations under Section 3.

Line 7. Enter the day(s) and time(s) bingo or abbreviated pull-tabs is to be conducted. If Special or Abbreviated Pull-Tab License is requested, enter date(s). Attach a separate sheet, if necessary.

Line 8. Describe the purpose(s) for which bingo or abbreviated pull-tab proceeds will be used.

Line 9. Enter the name, address and daytime telephone number of the person(s) authorized to receive service of legal papers and commission documents on behalf of the organization. Attach an additional sheet, if necessary.

If applying for a Regular Annual License or Special Bingo and Pull-Tab License, the application must be signed by the **President and Secretary of the principal organization**.

If applying for a Special Abbreviated Pull-Tab License, the application must be signed by a **Chief Officer, such as President, Vice President, Treasurer, or Secretary of the principal organization**.

**The following must be furnished with the Bingo or Abbreviated Pull-Tab Multiple License Application. Attach a separate Form 100 or Form 105 with all required attachments as outlined in the Form 100 or Form 105 Instructions.**

1. Check or money order made payable to the Missouri Gaming Commission in the amount of \$50.00 for Annual License, \$25.00 for Special License or \$10.00 for each Abbreviated Pull-Tab License not to exceed 24 hours or 1 day. (NOTE: You may conduct no more than 15 abbreviated pull-tab events per calendar year.)
2. Proof of bingo checking account, bank name and account number. (Not required by holder of a Special or Abbreviated Pull-Tab License, **unless** the organization obtains more than three (3) bingo or abbreviated pull-tab licenses annually or if previously submitted to the Commission.)
3. Lease Agreement(s) if organization is leasing premises and/or equipment. These documents are also required if owner is one of organizations listed on Line 3.
4. All governing instruments of your organization, including, but not limited to, the following: Certificate of Corporate Good Standing and Articles of Incorporation, Constitution and By-Laws, Articles of Agreement. (NOTE: Not required if previously submitted to the Commission.)

**MAIL COMPLETED APPLICATION FORM AND REQUIRED ATTACHMENTS TO:**

MISSOURI GAMING COMMISSION  
CHARITABLE GAMES DIVISION  
PO BOX 1847  
JEFFERSON CITY, MO 65102



Missouri Gaming Commission  
Charitable Games Division  
PO Box 1847, Jefferson City, MO 65102

## CURRENT OFFICERS/BINGO OR ABBREVIATED PULL-TAB WORKERS - SCHEDULE A

THE FOLLOWING ARE THE CURRENT OFFICERS/BINGO OR ABBREVIATED PULL-TAB WORKERS OF:

NAME OF ORGANIZATION	BINGO OR ABBREVIATED PULL-TAB LICENSE NUMBER
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PLEASE ATTACH ADDITIONAL PAGES, IF APPLICABLE.

### OFFICERS

LIST CURRENT OFFICERS OF YOUR ORGANIZATION AND THE BINGO CHAIRPERSON. NAMES SHOULD BE AS SHOWN ON THEIR DRIVERS LICENSE. IF BEING SUBMITTED FOR THE FIRST TIME, INCLUDE A COPY OF THE DRIVERS LICENSE OR STATE ISSUED ID. OFFICERS MUST BE TWO (2) YEAR BONA FIDE MEMBERS OF YOUR ORGANIZATION IN ORDER TO QUALIFY FOR BINGO LICENSE.

NAME			NAME		
TITLE	DAYTIME TELEPHONE NUMBER		TITLE	DAYTIME TELEPHONE NUMBER	
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DATE OF BIRTH	SOCIAL SECURITY NUMBER		DATE OF BIRTH	SOCIAL SECURITY NUMBER	
NAME			NAME		
TITLE	DAYTIME TELEPHONE NUMBER		TITLE	DAYTIME TELEPHONE NUMBER	
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DATE OF BIRTH	SOCIAL SECURITY NUMBER		DATE OF BIRTH	SOCIAL SECURITY NUMBER	
NAME			NAME		
TITLE	DAYTIME TELEPHONE NUMBER		TITLE	DAYTIME TELEPHONE NUMBER	
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DATE OF BIRTH	SOCIAL SECURITY NUMBER		DATE OF BIRTH	SOCIAL SECURITY NUMBER	
NAME			NAME		
TITLE	DAYTIME TELEPHONE NUMBER		TITLE	DAYTIME TELEPHONE NUMBER	
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DATE OF BIRTH	SOCIAL SECURITY NUMBER		DATE OF BIRTH	SOCIAL SECURITY NUMBER	

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is correct and complete. I will comply with all of the provisions of Chapter 313 and the regulations adopted thereunder.

SIGNATURE	DATE
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[illegible]

**APPROVED MISSOURI BINGO SUPPLIERS**  
**JANUARY 1, 2012**

**BINGO OPERATORS MAY ONLY BUY BINGO PAPER OR PULL-TABS, AND BUY OR LEASE BINGO EQUIPMENT FROM THE APPROVED SUPPLIERS LISTED BELOW.**

All American Bingo (P-1055)  
12947 A Gravois Rd  
Sunset Hills MO 63127  
Phone – 314-991-1214 / 800-752-4675  
Email - [info@bingoallamerican.com](mailto:info@bingoallamerican.com)

MMG Inc D/B/A  
Bingo Supply Center (P-1075)  
20383 East K Highway  
Nevada MO 64772  
Phone - 417-667-2680 / 888-749-6556  
Email – [darrymiller@wildblue.net](mailto:darrymiller@wildblue.net)



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### PLAYING LOCATION DIRECTIONS - SCHEDULE C

NAME OF ORGANIZATION

BINGO LICENSE NUMBER

PLAYING LOCATION ADDRESS

**Please provide detailed directions to your bingo hall starting from a major highway in your city or town.**

**For Example:** Take Highway 63 South to Meramec Street and turn right. There will be a Blockbuster Video on the corner. Go 4 blocks to Charles Street and turn left. Our hall is located at 317 Charles Street.

**Directions:**