



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

APPLICATION FOR HALL PROVIDER OF BINGO PREMISES

| | | | |
|------------------------------------|-------------------------------------|----------------|-----------------|
| FORM 150A (REV. 5-13) | PLEASE TYPE OR PRINT LEGIBLY | | |
| | POSTMARK | EFFECTIVE DATE | EXPIRATION DATE |

| | |
|---|-----------|
| 1. FEDERAL EMPLOYER IDENTIFICATION NO., OR SOCIAL SECURITY NUMBER | 2. COUNTY |
|---|-----------|

| LESSOR'S NAME AND LOCATION ADDRESS | | | | LESSOR'S NAME AND MAILING ADDRESS | | | |
|------------------------------------|-------|--|--|---|-------------------------------------|----------|--|
| 3. COMPANY NAME | | | | NAME | | | |
| STREET ADDRESS (PHYSICAL LOCATION) | | | | MAILING ADDRESS | | | |
| CITY | STATE | ZIP CODE | | CITY | STATE | ZIP CODE | |
| TELEPHONE NUMBER | | | | 4. LAWFUL SEATING CAPACITY | | | |
| 5. TYPE OF BUSINESS | | <input type="checkbox"/> SOLE PROPRIETORSHIP | <input type="checkbox"/> DOMESTIC CORPORATION | <input type="checkbox"/> FOREIGN CORPORATION | <input type="checkbox"/> GOVERNMENT | | |
| | | <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> NONPROFIT CORPORATION | <input type="checkbox"/> NONPROFIT ORGANIZATION | <input type="checkbox"/> OTHER | | |

5a. **ATTACH** a copy of the Certificate and Articles of Incorporation under laws of the state it has been formed, if applicant is a nonprofit corporation. If registered as a foreign corporation, **ATTACH** a copy of the Certificate of Authority; or

5b. **ATTACH** a copy of the Deed of Trust or General Warranty Deed reflecting proof of ownership of the property. The copy must include the seal or stamp of the applicable "Recorder of Deeds", along with the transaction date, book and page number. If the property is not owned by your organization, **ATTACH** a copy of the lease.

6. Complete and **ATTACH** a Schedule 1 listing the name, title, home address, social security number and date of birth. **If being submitted for the first time, include a copy of drivers license or state-issued ID.** For each person involved with the leasing of the premises to be utilized for the conduct of bingo:

(a) If a nonprofit organization and/or corporation, list each officer;

(b) If a sole proprietorship, list the individual owner;

(c) If a partnership, list each partner;

(d) If a domestic or foreign corporation, list each officer, the registered agent and each person who owns five percent (5%) or more of any class stock in the corporation.

7. DOES THE INDIVIDUAL OR BUSINESS SEEKING THIS LICENSE OR ANY OF THE INDIVIDUALS LISTED ON SCHEDULE 1 HAVE A FINANCIAL INTEREST IN ANY COMPANY LICENSED AS A MANUFACTURER OR SUPPLIER OF BINGO EQUIPMENT AND SUPPLIES AND/OR PULL TAB CARD UNITS IN MISSOURI? YES NO

| 8. FREQUENCY LIST - INCLUDE YOUR ORGANIZATION IF CONDUCTING BINGO | LICENSE NUMBER | DAY(S) AND TIME(S) | LEASE AMOUNT (PER OCCASION) |
|---|----------------|--------------------|-----------------------------|
| BINGO ORGANIZATION'S NAME | | | |
| | | | |
| | | | |
| | | | |
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9. FEES PER BINGO OCCASION - ENCLOSE CHECK AND ATTACH TO THIS APPLICATION

AUXILIARY ONLY - NOTE: A nonprofit organization renting its premises solely to its own auxiliary is not required to pay the fee; however, this application must still be completed.

1 - \$150.00 2 - \$300.00 3 - \$450.00 4 - \$600.00 5 or more - \$750.00

10. Complete Schedule 2.

| | | | |
|---|-------|------|------------------------------------|
| 11. SIGNATURE OF OWNER, PARTNER, OFFICER OR PERSON AUTHORIZED BY ATTACHED POWER OF ATTORNEY | TITLE | DATE | DAYTIME TELEPHONE NUMBER () |
|---|-------|------|------------------------------------|

The company/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 company/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 any bingo games.

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.

| FOR COMMISSION USE ONLY | | | | | MAIL APPLICATION AND SUPPORTING DOCUMENTS TO |
|--------------------------------------|-----------|-------------|-----------|-------------|---|
| APPLICATION IS | COMMENTS | LICENSE NO. | CHECK NO. | LICENSE FEE | MISSOURI GAMING COMMISSION CHARITABLE GAMES DIVISION PO BOX 1847 JEFFERSON CITY, MO 65102 |
| <input type="checkbox"/> APPROVED | SIGNATURE | | | \$ | |
| <input type="checkbox"/> DISAPPROVED | | | | DATE | |

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 know 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

CURRENT OFFICERS FOR HALL PROVIDER OF BINGO PREMISES - SCHEDULE 1

| | |
|--------------|------------------------------|
| COMPANY NAME | HALL PROVIDER LICENSE NUMBER |
|--------------|------------------------------|

List the social security number, full name, and home address for each of the following persons involved with the leasing of the premises to be utilized for the conduct of bingo.

(a) If a Non-Profit Organization or Non-Profit Corporation, list each officer.
 (b) If a Sole Proprietorship, list the individual owner.
 (c) If a Partnership, list each partner.
 (d) If a Corporation, list each officer, the registered agent and each person who owns five percent or more of any class of stock in the corporation. Disclosure of the social security number of an individual is authorized under Chapter 313 and may be used for criminal background investigation purposes or for individual identification.

PLEASE ATTACH ADDITIONAL PAGES, IF APPLICABLE.

LIST ALL OFFICERS

| | | | | | |
|---------------|------------------------|--------------------------|---------------|------------------------|--------------------------|
| NAME | | | NAME | | |
| TITLE | | DAYTIME TELEPHONE NUMBER | TITLE | | DAYTIME TELEPHONE NUMBER |
| ADDRESS | | | ADDRESS | | |
| CITY | | STATE | ZIP CODE | CITY | |
| DATE OF BIRTH | SOCIAL SECURITY NUMBER | | DATE OF BIRTH | SOCIAL SECURITY NUMBER | |
| NAME | | | NAME | | |
| TITLE | | DAYTIME TELEPHONE NUMBER | TITLE | | DAYTIME TELEPHONE NUMBER |
| ADDRESS | | | ADDRESS | | |
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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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| | |
|--------------|------------------------------|
| COMPANY NAME | HALL PROVIDER LICENSE NUMBER |
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LIST ALL OFFICERS

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HALL PROVIDER PLAYING LOCATION DIRECTIONS - SCHEDULE 2

NAME OF COMPANY

HALL PROVIDER 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: