



New Mexico
Bingo, Raffle,
& Pull Tab
Renewal Application

New Mexico Gaming Control Board

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Albuquerque, NM 87113
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Bingo, Raffle, & Pull Tab Renewal Application Checklist

THE FOLLOWING ACCOMPANYING FORMS MUST BE SIGNED AND RETURNED WITH THE APPLICATION:

- Bingo and Raffle License Application Form (pg. 1)
- Certification (pg. 2)
- Affirmation & Statement (pg. 2)
- Financial Institution/Bank Operating Account Information (pg. 3)
- Roster for Organization (pg. 3)

ATTACHMENTS THAT MUST BE INCLUDED WITH THE APPLICATION:

- \$200.00 non-refundable application fee for a 3 year licensure
- Return Renewal Application no later than 60 days prior to expiration. Applications received after this date shall be assessed a \$100.00 late fee plus \$10.00 per day there after not to exceed 30 days.
- Copy of House Rules
 - Rules for calling “Bingo” (game stopped)
 - Rules for bingo splits.
 - Rules for “sleepers”.
 - Replacing defective/misprinted gaming materials.
 - Rules for correcting caller errors.
 - Tipping of bingo workers.
 - Patron check writing/cashing rules.
 - Door Prize rules.
 - Minimum age requirement to play.
 - Smoking rules.
 - Seat saving rules.
 - Rules for temporary suspension of bingo occasion(s) and/or reductions of bingo game payouts.
- Detailed description of the game menu and payout
- Certification of Charitable Solicitation Registration issued by Attorney General’s Office (all 501(C)3 non-exempt organizations)
- Certificate of Corporate Good Standing (issued by the Public Regulation Commission)
- Letter of good standing from parent organization
- Copy of Bank Signature Card
- Copy of a premise rental agreement (if applicable)
- Copy of equipment rental agreement (if applicable)
- Copy of the security services agreement (if applicable)
- Attach all applicable documentation including any updated information that was not included in your original application/last renewal application.
- Copy of Amendments made to by-laws
- Copy of most recent minutes reflecting the election of officers

INCOMPLETE APPLICATIONS MAY NOT BE ACCEPTED



New Mexico Gaming Control Board
BINGO, RAFFLE, & PULL TAB RENEWAL APPLICATION
\$200.00 Application Fee for a Three Year Licensure
 Revised July 2009

Name and Type of Qualified Organization			License #		
Contact Name		Contact Number			
Physical Address			City	State	Zip
Email	Phone	Fax			
Mailing Address			City	State	Zip

Licensed Premise			Phone		
Hall Address			City	State	Zip

Indicate which types of games will be played under the Bingo and Raffle Act

Bingo
 Raffle
 Pull Tabs/Members Only
 Pull Tabs/Members and/or Public

Identify the name of your bingo and pull tab suppliers: _____

Federal Employer Tax Identification Number (EIN): _____

New Mexico CRS Number: _____

New Mexico Liquor License Number: _____

List any other gaming license you hold: _____

SCHEDULE OF GAMES OF CHANCE (TO INCLUDE BINGO, PULL TAB, & RAFFLE OCCASIONS)

Please check day(s) which occasion(s) occurs along with start and end time

Occasion	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Start Time am/pm	End Time am/pm
1									
2									
3									
4									
5									
6									

Total number of bingo occasions you plan to hold per quarter:	Total number of bingo occasions you plan to hold per year:
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Was your organization granted a variance request last year? If yes, please include a copy of the determination letter.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you requesting this variance to be renewed for the current year? If yes, please include a copy of the request with this application.	<input type="checkbox"/> YES <input type="checkbox"/> NO

FOR AGENCY USE ONLY
 GCB BR-002

BINGO RENEWAL FEE.....\$200.00	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Money Order # _____	Application Control #	Entity Control #
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CERTIFICATION

I, bingo manager, acknowledge, understand and agree that by applying for and accepting any license, certification, registration, renewal, finding of suitability, or other approval (each a "License") from the New Mexico Gaming Control Board ("Board"), I am certifying to the Board that:

1. I have read the NM Bingo & Raffle Act plans and policies adopted or approved by the Board (collectively "Rules"), and I understand the requirements of the Act and Rules.
2. I understand and agree that, as a bingo manager, I am responsible for the Licensee's compliance with the Act and Rules including, where applicable to my job duties.
3. I understand and agree that, as bingo manager, I am responsible for submitting quarterly reports on the prescribed forms on, or before, but no later than the 25th of April, July, October, and January.
4. I understand and agree, as bingo manager, that along with the quarterly report, I must submit all supporting documentation which includes, but may not be limited to: -Supplement Forms -Bank Statements -Copies of Check Images and Deposit Slips -Copies of Tax Coupons
5. I am signing this Certification with the knowledge that the Licensee and I will be subject to disciplinary action, including fines and/or revocation or suspension of the License, for failure to comply with the Act or Board rules including, where applicable to my job duties.

Printed Full Legal Name (Last, First, Middle) _____

Signature of Bingo Manager _____ Date: _____

(Must be notarized by notary public)

State of _____)

County of _____)

Subscribed and sworn to before me by _____ this _____ day of _____, _____

My commission expires: _____ Signed: _____

Notary Public

[SEAL]



AFFIRMATION & STATEMENT

(1) Accountant/Bookkeeper, (2) Bingo Manager, and (3) Highest Ranking Officer complete this form.

1. I, printed name of accountant/bookkeeper do solemnly swear under penalty of perjury that the information contained herein is true and correct to the best of my knowledge and belief. I state under penalty of perjury that no commission, salary, compensation, reward, or recompense shall be paid to any person for holding, operating, or conducting such games of chance or for assisting therein except as otherwise provided in the NM Bingo & Raffle Act

2. I, printed name of bingo manager do solemnly swear under penalty of perjury that the information contained herein is true and correct to the best of my knowledge and belief. I state under penalty of perjury that no commission, salary, compensation, reward, or recompense shall be paid to any person for holding, operating, or conducting such games of chance or for assisting therein except as otherwise provided in the NM Bingo & Raffle Act

3. I, printed name of highest ranking officer do solemnly swear under penalty of perjury that the information contained herein is true and correct to the best of my knowledge and belief. I state under penalty of perjury that no commission, salary, compensation, reward, or recompense shall be paid to any person for holding, operating, or conducting such games of chance or for assisting therein except as otherwise provided in the NM Bingo & Raffle Act

We have read the foregoing application together with the attached forms and understand the contents thereof; and that all matters therein set forth are true of our own knowledge.

Accountant's/Bookkeeper's Printed Full Legal Name (Last, First, Middle) _____

Accountant/Bookkeeper's Signature (Must be notarized by notary public) _____ Date: _____

Bingo Manager's Printed Full Legal Name (Last, First, Middle) _____

Bingo Manager's Signature (Must be notarized by notary public) _____ Date: _____

Highest Ranking Officer's Printed Full Legal Name (Last, First, Middle) _____

Highest Ranking Officer's Signature (Must be notarized by notary public) _____ Date: _____

State of _____)

County of _____)

Subscribed and sworn to before me by _____ , _____ ,

and _____ this _____ day of _____ , _____ .

My commission expires: _____ Signed: _____

Notary Public

[SEAL]



FINANCIAL INSTITUTION/BANK OPERATING ACCOUNT INFORMATION

Name of Financial Institution/ Bank where Bingo/Pull Tab/Raffle operating account is held:

Address of Financial Institution/Bank	City	State	Zip
Account Number	Current Bank Balance in Account		

List members whose names appear on the signature card

ROSTER FOR ORGANIZATION

Name of Organization: _____ Date: _____

Accountant/Bookkeeper	Name	Phone	Membership Date N/A	
	Address	City	State	Zip
Bingo Manager	Name	Phone	Membership Date	
	Address	City	State	Zip
Alternate Bingo Manager	Name	Phone	Membership Date	
	Address	City	State	Zip
Highest Ranking Officer	Name	Phone	Membership Date	
	Address	City	State	Zip
Officer	Name	Phone	Membership Date N/A	
	Address	City	State	Zip
Caller	Name	Phone	Membership Date N/A	
	Address	City	State	Zip
Caller	Name	Phone	Membership Date N/A	
	Address	City	State	Zip
Caller	Name	Phone	Membership Date N/A	
	Address	City	State	Zip
Caller	Name	Phone	Membership Date N/A	
	Address	City	State	Zip
Caller	Name	Phone	Membership Date N/A	
	Address	City	State	Zip
Caller	Name	Phone	Membership Date N/A	
	Address	City	State	Zip
Caller	Name	Phone	Membership Date N/A	
	Address	City	State	Zip
Caller	Name	Phone	Membership Date N/A	
	Address	City	State	Zip