



Charitable Bingo Operations Division
Original License Application to Conduct Bingo

FORMID 1

TAXPAYER INFORMATION PLEASE PRINT LEGIBLY OR TYPE IN BLACK INK

1. Name of Organization

2. 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

Organization Website Address Individual's Name to Contact

Organization Phone Number (Area Code & Number) Individual's Contact Number (Area Code and Number)

Organization FAX Number (Area Code & Number) Individual's E-mail Address (optional)

3. Type of non-profit organization (check one): 1-Religious 2-Medical 3-Fraternal 4-Volunteer Fire Department 5-Veteran* 6-National Historical District Association 7-Volunteer Emergency Medical Services Provider
*Is this veteran's organization chartered by the US Congress? Yes No

4. Is this organization affiliated with a state or a national organization? Yes No

5. Does this organization now have a 501(c) exemption from the Internal Revenue Service (IRS)? Yes No

6. Enter your nine (9) digit Federal Employer Identification Number (EIN), if any. 1

7. Enter your organization's eleven (11) digit Texas Vendor Identification Number.

8. If this organization IS a corporation, enter the following:

State Texas Charter or COA Number MM DD YYYY

9. If this organization is NOT a corporation, describe the method of organization such as bylaws, constitution, charter, etc.

Method of Organization (bylaws, constitution, charter, articles) MM DD YYYY

10. Has your organization filed Form 990 with the IRS in the past? Yes No

11. Does your organization distribute any of your income to members, officers, or governing body except as reasonable compensation for services?

Yes (describe below) No

BINGO INFORMATION

12. Date you wish to start conducting charitable bingo games: Effective the earliest possible date OR Effective MM DD YYYY

13. Day of the week and time(s) games will be played.

Day Time AM AM Day Time AM AM Day Time AM AM
PM to PM PM to PM PM to PM
First Occasion Second Occasion Third Occasion

ORGANIZATION LOCATION

14.
 Name of organization's primary business office (If no business office, indicate the principle residence of your CEO)

Address (Use street address, NOT PO Box or Rural Route. Do not give directions, i.e., 5 miles north of I-20.)

City State ZIP Code County

This location is: business office principle residence of the CEO

PLAYING LOCATION

15.
 Name of location where bingo games will be played

Enter the phone number of the bingo hall (include area code)

Physical address of your organization's playing location (Use street address, NOT PO Box or Rural Route. Do not give directions, i.e., 5 miles north of I-20.)

City State ZIP Code County

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

17. How is this location controlled by your organization? Own (List date acquired and skip to Item 19)
 MM DD YYYY
 Lease, including use of facilities free of charge (Enclose a copy of the meeting minutes where your organization voted to conduct bingo. Go to Item 18.)

18. Is your organization joining a unit? YES NO

LESSOR INFORMATION

19.
 Name of the entity from whom you are leasing premises Lessor's taxpayer number

Address City State ZIP Code

BINGO CHAIRPERSON

20. Enter the name and all requested information for the officer or member of your board of directors that will serve as the Bingo Chairperson for your organization. This individual is responsible for overseeing the organization's bingo activities and reporting back to the membership about those activities.

Name (LAST, FIRST, MIDDLE INITIAL)

Social Security Number Driver's License / Identification Number State

Home Address (Street Address, PO Box, or Rural Route. Do not give directions, i.e., 5 miles north of I-20)

City State ZIP Code Phone Number (Area Code & Number)

M F Date of Birth
 Race Gender MM DD YYYY E-mail Address (optional)

Position (Check all that apply) 03 - Director 04 - Officer 07 - Operator (must be a member of the organization)
 15 - Chairperson Worker Registry Number

CALCULATION OF ANNUAL LICENSE FEE AND SECURITY

21. The fee for a license and required security is based on your estimated gross receipts from the conduct of bingo. Your license class, fee and the amount of security will be calculated using the formula below. Calculations are based on a single bingo occasion. Required licenses fee and security must be submitted with this application.

- a. Enter estimated total dollar amount of regular and instant prizes to be awarded per bingo occasiona. _____
The prize amount cannot exceed seven hundred fifty dollars (\$750) per game and two thousand five hundred dollars (\$2,500) per occasion for regular bingo games.
 - b. Enter the number of occasions per week as indicated in Item 13, maximum of three (3) b. _____
 - c. Amount of prizes to be awarded per week (multiply Item "a" by Item "b").....c. _____
 - d. Number of weeks in a month that bingo is played (four [4])..... d. _____ x4
 - e. Enter the amount of prizes to be awarded in a month (multiply Item "c" by Item "d").....e. _____
 - f. Enter estimated monthly gross receipts (Divide Item "e" by .75).....f. _____
 - g. Number of months per year that bingo is played (twelve [12]).....g. _____ x12
 - h. Enter estimated annual gross receipts (Multiply Item "f" by Item "g").....h. _____
 - i. We are applying for: One Year License Two Year License*
- Enter your License Class (SEE TABLE BELOW) _____ License Fee \$ _____ Security Amount \$ _____

Table of License Fees and Security Amounts				
Annual Gross Receipts	Class	One Year License Fee	Two Year License Fee	Security Amount
\$25,000 or less	A	\$ 132	\$ 264	\$ 125
more than \$25,000 but not more than \$50,000	B	264	528	325
more than \$50,000 but not more than \$75,000	C	396	792	600
more than \$75,000 but not more than \$100,000	D	528	1,056	825
more than \$100,000 but not more than \$150,000	E	792	1,584	1,225
more than \$150,000 but not more than \$200,000	F	1,188	2,376	1,800
more than \$200,000 but not more than \$250,000	G	1,584	3,168	2,125
more than \$250,000 but not more than \$300,000	H	1,980	3,960	2,675
more than \$300,000 but not more than \$400,000	I	2,640	5,280	3,275
more than \$400,000	J	3,300	6,600	7,000

Note: At the end of your first regular license period, the amount of estimated gross receipts reported in this application will be reviewed. Any deficiency of the fee due for that period must be paid prior to renewal. Any excess of the fee due will be credited to your account.

- License fee payment must be made from the organization's general fund. Checks should be made payable to the STATE COMPTROLLER.
- The Commission will accept only the following types of bonds or other security as security for the payment of prize fees: (1) cash or check made payable to the State Comptroller, (2) irrevocable assignments of accounts, (3) letters of credit from financial institutions, (4) United States Treasury bonds, readily convertible to cash, and (5) surety bonds.
- Processing Fees - If an application for an original license is withdrawn, the applicant's license fee may be refunded upon written request less a \$100 processing fee. If the Commission serves the applicant for an original license with a notice of application denial and the applicant later withdraws the application, the Commission will refund the applicant's license fee, less a \$400 processing fee, upon the applicant's written request.
- * Your organization may request a license for a **two year period**. Submit estimated license fee with your application and pay the license fee that is effective for two years by paying an amount equal to two times the amount of the annual license fee. A checkmark must be placed in the corresponding checkbox in Item 21(i) if you wish to request a license for a **two year period**. If approved, the license would expire two years after the license period start date.

CERTIFICATE FOR LICENSES TO CONDUCT CHARITABLE BINGO

22. Has a license been held, or is a license currently held, at the playing location named in Item 15?

YES (proceed to Item 24) NO (proceed to Item 23)

23. The following section must be completed by either the County Clerk or City Secretary for the county or city in which you are proposing to conduct charitable bingo. 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. If the proposed playing location is not inside the boundaries of an incorporated city or town, the County Clerk's Certificate should be completed.

COUNTY CLERK'S CERTIFICATE

I hereby certify that the conduct of bingo is lawful in the county named below. I further certify that the location of the premises listed in Item 17 and sought to be licensed herein is not inside the boundaries of an incorporated city or town.

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

X _____
County Clerk

SEAL County Clerk of _____
Name of County

CITY SECRETARY'S CERTIFICATE (If not an incorporated city, so state)

I hereby certify that the conduct of bingo is lawful at the location of the premises listed in Item 17 and 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.

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

X _____
City Secretary / Clerk

SEAL City Secretary of _____
Name of City

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.

This is the certification of responsibility to be signed by the Bingo Chairperson and an operator of the organization. The signing operator **must** also be listed on the Registry of Approved Bingo Workers and as an operator on Schedule B.

24. We, the undersigned, declare that the organization identified in this application is a bona fide non-profit organization, that we are active members of the organization, that we will be responsible for conducting charitable bingo games and filing all required returns in accordance with the provisions of the Texas Bingo Enabling Act (BEA) and Charitable Bingo Administrative Rules (CBAR), and that all net proceeds derived from charitable bingo games will be used for charitable purposes as defined in the BEA. We further declare that if granted a license to conduct charitable bingo, a member of the organization identified in this application designated as an operator will be present at and in charge of each and every charitable bingo game played under this license. We further declare that this license will not be sold, rented, transferred, or otherwise assigned to any group or individual. We further declare that we will keep accurate records of all charitable bingo proceeds and expenses subject to audit by the Texas Lottery Commission. We understand that the failure to abide by the provisions of the BEA and CBAR could subject the signers of this application to possible criminal prosecution and the revocation of this license.

We further certify that all statements in this application and any attachments are true and correct to the best of our knowledge and belief and that we, the undersigned, declare that as the Bingo Chairperson of the organization and operator, we have read and will abide by the above statement.

sign here ► _____
Operator Print Name & Title Date

I certify that I will be responsible for the conduct of bingo under the terms of the License and Section 2001, Texas Occupations Code, Bingo Enabling Act.

sign here ► _____
Bingo Chairperson (cannot sign as operator) Print Name & Title Date