BC-2A

APPLICATION FOR BINGO LICENSE



NYS RACING & WAGERING BOARD 1 Broadway Center, Suite 600 Schenectady, NY 12305-2553 Telephone (518) 395-5400 Fax (518) 347-1469 www.racing.state.ny.us

Name of Organization BC- NYS Identification Number										
SCHEDULE 1:		FICERS AND DIRE								
TITLE	NAME	DATE OF BIRTH	STREET ADDRESS	CITY	ZIP					
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Attach additional sheet if necessary.

SCHEDULE 2:	MEMBERS IN CHARGE OF GAMES (ALL MEMBERS IN CHARGE OF GAMES MUST BE MEMBERS OF APPLICANT ORGANIZATION)						
	DATE OF	YEARS OF					
NAME	BIRTH	MEMBERSHIP STREET ADDRESS CITY	ZIP				
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SCHEDULE 3:	AUXILIARY/AFFII	LIATE ORGANIZATIONS ASSISTING AT GAMES					

(MAXIMUM OF 2 AUXILIARIES/AFFILIATES. EACH AFFILIATE LISTED MUST HAVE ITS OWN ID NUMBER.)

NAME OF AUXILIARY/AFFILIATE

BINGO ID NUMBER



	YEARS OF DATE OF BIRTH MEMBERSHIP STREET ADDRESS				710	
MEMBER NAME	DATE OF BIRTH	I MEMBERSH	IP STREET AD	DRESS	CITY	ZIP
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ASSISTANTS TO MEMBERS IN CHARGE OF GAMES

Attach additional sheet if necessary.

SCHEDULE 4:

