



Charitable Bingo Operations Division

Texas Application for an Original License to Conduct Charitable Bingo

B-AP-117 (Rev. 5/10)

CONDUCTOR

FOR T.L.C. USE ONLY
Amount Paid \$
Postmark Date

TAXPAYER INFORMATION PLEASE PRINT LEGIBLY OR TYPE

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.

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.
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.)

**LESSOR INFORMATION**

18.    
 Name of the entity from whom you are leasing premises Lessor's taxpayer number

Address City State ZIP Code

**BINGO CHAIRPERSON**

19. 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**

**20. 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 occasion .....a. \_\_\_\_\_  
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 12, 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	\$ 100	\$ 200	\$ 125
more than \$25,000 but not more than \$50,000	B	200	400	325
more than \$50,000 but not more than \$75,000	C	300	600	600
more than \$75,000 but not more than \$100,000	D	400	800	825
more than \$100,000 but not more than \$150,000	E	600	1,200	1,225
more than \$150,000 but not more than \$200,000	F	900	1,800	1,800
more than \$200,000 but not more than \$250,000	G	1,200	2,400	2,125
more than \$250,000 but not more than \$300,000	H	1,500	3,000	2,675
more than \$300,000 but not more than \$400,000	I	2,000	4,000	3,275
more than \$400,000	J	2,500	5,000	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.

