BC-2

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

APPLICATION FOR BINGO LICENSE

INSTRUCTIONS: PLEASE FILE THREE SIGNED COPIES WITH MUNICIPALITY

FOR OFFICE USE ONLY	Municipal License Number	$ Fees Received	Date
			/ /

INSTRUCTIONS: PLEASE FILE THREE SIGNED COPIES WITH MUNICIPALITY

BC - ☐☐ - ☐☐☐ - ☐☐☐ - ☐☐☐☐☐
N.Y.S. Identification Number

IT IS A MISDEMEANOR TO MAKE ANY FALSE STATEMENTS IN THIS APPLICATION

Name of Municipality _____ County _____

PART A. GENERAL

1. Name of Organization ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
2. Address _____
3. Has applicant ever been denied a bingo license? ☐ Yes ☐ No If "yes", why? (Attach extra sheet if necessary)
4. Check type of organization and, if applicable, give the State and date of incorporation.
   - Corporation ☐
   - Incorporated Association ☐ State incorporated _____ Date ☐☐ / ☐☐ / ☐☐
   - Unincorporated Association ☐ State incorporated _____ Date ☐☐ / ☐☐ / ☐☐
   - Individual ☐
5. Did your corporate status change since your identification number was assigned? ☐ Yes ☐ No
6. Are you doing business under a trade name? ☐ Yes ☐ No If "yes", what is the trade name? _____

PART B. LOCATION OF GAMES

7. Address where games are to be conducted. _____
8. Name and address of licensed commercial lessor renting to applicant. _____
9. Name and address of authorized organization renting to applicant. _____
10. Does the applicant own the premises? ☐ Yes ☐ No If "yes", how long? _____
11. Capacity for public assembly of premises presently owned or occupied. _____
12. Have premises been regularly used? ☐ Yes ☐ No If "yes", how long? _____
    Is Bingo being played now on the premises or has it ever been? ☐ Yes ☐ No If "yes", give full details.
13. Are the premises or any part thereof where Bingo is to be played licensed by the State Liquor Authority? ☐ Yes ☐ No If "yes", state the type of license and number. _____
14. Has such license ever been revoked or suspended? ☐ Yes ☐ No If "yes", why? (Explain on a separate sheet, if necessary, and attach.) _____

PART C. PURPOSES OF GAMES

15. State the specific purposes for which the entire net proceeds are to be devoted and in what manner.

_____

_____

I swear (or affirm):

1. That ALL the attached Schedules are a material part hereof and are incorporated herein as if set out in full in the application. All the answers contained in this application are a material part hereof.

2. That the entire net proceeds of every bingo game shall be devoted exclusively to one or more of the "lawful purposes" as defined in the Bingo Licensing Law and the Rules and Regulations of the N.Y.S. Racing & Wagering Board.

3. That for each occasion for which a license is sought, one or more of the active members under whose supervision the games are to be held, operated and conducted, who is familiar with the Bingo Control Law, the Bingo Licensing Law, the Rules and Regulations of the N.Y.S. Racing & Wagering Board and local licensing ordinances or laws, will be present at all times, in charge and primarily responsible for the conduct of the games.

4. That the undersigned will be responsible for the holding, operation and conduct of all bingo games in accordance with the terms of the license, the provisions of the Bingo Licensing Law, the Rules and Regulations of the N.Y.S. Racing & Wagering Board and with the provisions of local licensing ordinances or laws.

5. That the undersigned has read and is familiar with the provisions of the Bingo Control Law, the Bingo Licensing Law as amended, the Rules and Regulations of the N.Y.S. Racing & Wagering Board, and the local licensing ordinances or laws.

6. That no prize greater in amount or retail value than $1,000 will be awarded in any single game, and that the aggregate of all prizes given in all games conducted on a single occasion, excluding "early bird" prizes, will not exceed the sum or retail value of $3,000.

7. That no commission, salary, compensation, reward or recompense will be paid to any person for holding or assisting in the operating or conducting of the games, except to bookkeepers or accountants for professional services in an amount not exceeding that fixed by the Commission.

☐☐ / ☐☐ / ☐☐	_____	_____
Date	Signature of Head of Organization	Print Name

STATE OF NEW YORK
COUNTY OF _____
CITY/TOWN/VILLAGE OF _____
} SS

_____ being duly sworn deposes and says that (s)he is the person above named, that (s)he has read the foregoing statement and the answer therein noted, and that such answers are true and that (s)he has personally affixed his (her) signature to this affidavit.

Sworn to before me this _____ day of _____, 20 _____ Signed _____

_____ Notary Public

_____ Commissioner of Deeds

My Commission expires _____, 20 _____

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 — Date

SCHEDULE 1: OFFICERS AND DIRECTORS

TITLE	NAME	DATE OF BIRTH	STREET ADDRESS	CITY	ZIP
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			

Attach additional sheet if necessary.

SCHEDULE 2: MEMBERS IN CHARGE OF GAMES

(ALL MEMBERS IN CHARGE OF GAMES MUST BE MEMBERS OF APPLICANT ORGANIZATION)

NAME	DATE OF BIRTH	YEARS OF MEMBERSHIP	STREET ADDRESS	CITY	ZIP
	/ /				
	/ /				
	/ /				
	/ /				
	/ /				
	/ /				
	/ /				
	/ /				
	/ /				

SCHEDULE 3: AUXILIARY/AFFILIATE 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

SCHEDULE 4: ASSISTANTS TO MEMBERS IN CHARGE OF GAMES

List all members of applicant organization and members of authorized affiliates and auxiliary who will assist with games.

MEMBER NAME	DATE OF BIRTH	YEARS OF MEMBERSHIP	STREET ADDRESS	CITY	ZIP
	/ /				
	/ /				
	/ /				

BC-2B

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APPLICATION FOR BINGO LICENSE

Name of Organization

BC- ___ - ___ - ___ - _____ NYS Identification Number

Date ___ / ___ / ___

SCHEDULE 5 DATES, HOURS AND RENT OF GAMES (List dates and hours when games are to be held)

DATE	HOURS	RENT
/ /	: am / pm - : am / pm	$.
/ /	: am / pm - : am / pm	$.
/ /	: am / pm - : am / pm	$.
/ /	: am / pm - : am / pm	$.
/ /	: am / pm - : am / pm	$.
/ /	: am / pm - : am / pm	$.
/ /	: am / pm - : am / pm	$.
/ /	: am / pm - : am / pm	$.
/ /	: am / pm - : am / pm	$.
/ /	: am / pm - : am / pm	$.
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/ /	: am / pm - : am / pm	$.
/ /	: am / pm - : am / pm	$.
/ /	: am / pm - : am / pm	$.
/ /	: am / pm - : am / pm	$.
/ /	: am / pm - : am / pm	$.
/ /	: am / pm - : am / pm	$.

SCHEDULE 6

PRIZES

Describe all prizes to be awarded at all games listed in Schedule 5.
If prize is donated, so indicate and estimate its retail value.

DESCRIPTION OF PRIZE (If paid in cash, write "CASH".)	RETAIL VALUE OF PRIZE	COST TO LICENSEE
	$.	$.
	$.	$.
	$.	$.
	$.	$.
	$.	$.
	$.	$.
	$.	$.
	$.	$.
	$.	$.
	$.	$.
	$.	$.
	$.	$.
	$.	$.
	$.	$.
	$.	$.
	$.	$.
	$.	$.

SCHEDULE 7

EXPENSES

List items of expense to be incurred, and the names and addresses of persons to be paid.

ITEM OF EXPENSE	VENDOR NAME	STREET ADDRESS	CITY	STATE	ZIP

BC-7

NYS RACING & WAGERING BOARD
1 Broadway Center, Suite 600
Schenectady, NY 12305-2553
Telephone (518) 395-5400 Fax (518) 4347-1469
www.racing.state.ny.us

FINANCIAL STATEMENT OF BINGO OPERATIONS

(Please Print or Type)

INSTRUCTIONS: Prepare report in duplicate. Within **7 days** after each occasion, send original to clerk of municipality and retain one copy for your files.

BC- ___ - ___ - ___ - _____ N.Y.S. Identification Number

_____ License Number

Name of Organization

Street Address | Municipality | Zip | County

Address Where Bingo Is Played (if Different):

Street Address | Municipality | Zip | County

Number of Players | Number of Games | Date of Occasion ___ / ___ / ___ | Hours of Occasion

A. RECEIPTS -

1. Bingo Receipts (Form BC-7B must be completed and attached)..... $ ___ . ___
2. Sale of Supplies..... $ ___ . ___
3. Other Receipts (Rent, etc.)..... $ ___ . ___
4. Total Receipts (Add Items 1 through 3)..... $ ___ . ___

B. EXPENDITURES - (Show only payments actually made)

1. Prizes..... $ ___ . ___

	Describe Expenditure	Payee	Check No.	
2. Rent				$ ___ . ___
3. License Fee				$ ___ . ___
4. Bingo Equipment				$ ___ . ___
				$ ___ . ___
5. Services				$ ___ . ___
				$ ___ . ___
6. Other Expenses				$ ___ . ___
				$ ___ . ___

7. Total Expenditures..... $ ___ . ___

C. NET PROFIT OR (LOSS)

1. Profit or (Loss) Before Additional License Fee (Item A4 less Item B7)..... $ ___ . ___
2. Additional License Fee (LIST CHECK NUMBER_____)..... $ ___ . ___
3. Net Profit or (Loss) (Item 1 less Item 2)..... $ ___ . ___

D. GAME BANK FUND (Memo Entry Only) Payee _____ Check No. _____ Amount _____

E. DISPOSITION OF AND ACCOUNTING FOR NET PROCEEDS -

1. If this is organization's first occasion, give opening balance, if any, in the Special Bingo Account..... $ ___ . ___
   Source of opening balance _____

2. Unexpended balance of net proceeds shown on last report..... $ ___ . __

3. Net profit (or Loss) from this occasion (Part C, Item 3)..... $ ___ . __

4. Interest earned on net proceeds on deposit in interest bearing account(s)..... $ ___ . __

5. Other deposits into or adjustments in Special Bingo Account..... $ ___ . __

   Explanation _____

6. Total net proceeds (add Items 1 through 5)..... $ ___ . __

Disbursements of net proceeds since last report: (Attach additional sheets if necessary)

Date	Check No.	Description of Disbursements	Name & Address of Payee	Amount

7. Total Disbursements..... $ ___ . __

8. Unexpended balance of net proceeds (Item 6 less Item 7)..... $ ___ . __

F. Reconciliation of Unexpended Balance (To be Completed Monthly - - Upon receipt of Monthly Bank Statement)

Depository	Name of Bank	Account No.	Reconciled Balance
1) Checking			
2) Savings			
3) Other			

Total (Must be the same as Line E8 - Unexpended Balance)..... $ ___ . __

Instructions: This section must be fully completed by all parties.

I swear, or affirm that the information and statements contained herein have been examined by me and to the best of my knowledge and belief are true, correct and complete.

Head of Organization:

First Name _____ Last Name _____

Street Address _____ City _____ Zip _____ County _____

(___) ___ - ____ Phone Number _____ Signature _____ Date __ / __ / __

Member in Charge:

First Name _____ Last Name _____

Street Address _____ City _____ Zip _____ County _____

(___) ___ - ____ Phone Number _____ Signature _____ Date __ / __ / __

Preparer (if different):

First Name _____ Last Name _____

Street Address _____ City _____ Zip _____ County _____

(___) ___ - ____ Phone Number _____ Signature _____ Date __ / __ / __

BC-7B

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

CASH CONTROL REPORT FOR THE CONDUCT OF BINGO

Organization: I.D. No. Date of Occasion:

WORKER	Change Bank Advanced	ADMISSIONS @ $ NUMBER Issued	Returned	Sold	Computed Sales	Actual Cash	Overage or (Shortage)	EXTRA REGULAR @ $ NUMBER Issued	Returned	Sold	Computed Sales	Actual Cash	Overage or (Shortage)
TOTALS													

Enter Totals on Corresponding Line of Control Summary (Page 4) (A) (I) (B) (I)

Note: **DO NOT** Combine Categories of Sales - Use additional Form BC-7B if necessary

		SPECIAL 1 @ $						SPECIAL 2 @ $					
		NUMBER						NUMBER					
WORKER	Change Bank Advanced	Issued	Returned	Sold	Computed Sales	Actual Cash	Overage or (Shortage)	Issued	Returned	Sold	Computed Sales	Actual Cash	Overage or (Shortage)
TOTALS													
Enter Totals on Corresponding Line of Control Summary (Page 4)					(C)		(I)				(D)		(I)

Note: **DO NOT** Combine Categories of Sales - Use additional Form BC-7B if necessary

		SPECIAL 3 @ $						SPECIAL 4 @ $					
		NUMBER						NUMBER					
WORKER	Change Bank Advanced	Issued	Returned	Sold	Computed Sales	Actual Cash	Overage or (Shortage)	Issued	Returned	Sold	Computed Sales	Actual Cash	Overage or (Shortage)
TOTALS													
Enter Totals on Corresponding Line of Control Summary (Page 4)					(E)		(I)				(F)		(I)

Note: **DO NOT** Combine Categories of Sales - Use additional Form BC-7B if necessary

		JACKPOT @ $					
		NUMBER					
WORKER	Change Bank Advanced	Issued	Returned	Sold	Computed Sales	Actual Cash	Overage or (Shortage)
TOTALS							
Enter Totals on Corresponding Line of Control Summary (Page 4)					(G)		(I)

CONTROL SUMMARY

(A) - Admissions _____

(B) - Extra Regular _____

(C) - Special 1 _____

(D) - Special 2 _____

(E) - Special 3 _____

(F) - Special 4 _____

(G) - Jackpot _____

_____

(H) - TOTAL _____

(I) - Overage or (Shortage) _____

(J) - TOTAL (Enter on line A-1 of BC-7 _____

(K) - Less Prizes _____

(L) - TOTAL _____

(M) - Plus Starting Bank _____

(N) - Plus Other Receipts (BC-7: A-2; A-3) _____

(O) - Amount to be Deposited _____

(P) - Date Deposited _____

_____
Prepared By

BC-7Q

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

QUARTERLY SUMMARY STATEMENT OF BINGO OPERATIONS

For Quarter: ☐ Jan 1 - Mar 31 ☐ Apr 1 - Jun 30 ☐ Jul 1 - Sep 30 ☐ Oct 1 - Dec 31 **Year 20** ☐☐

INSTRUCTIONS: Prepare report in triplicate. Within **15 days** after the end of each calendar quarter, send original to New York State Racing and Wagering Board, one copy to clerk of municipality, and retain one copy for your files.

BC- ☐☐ - ☐☐☐ - ☐☐☐ - ☐☐☐☐☐

N.Y.S. Identification Number

License Number

Name of Organization

Street Address | City | Zip | County

Address Where Bingo Played if Different:

Street Address | City | Zip | County

Total Number of Occasions

Total Number of Players

A. RECEIPTS - (Part "A" of Form BC-7)

1. Total Bingo Receipts..... $ ☐ . ☐☐
2. Total Sale of Supplies..... $ ☐ . ☐☐
3. Total Other Receipts (Rent, etc)..... $ ☐ . ☐☐
4. Total Receipts (Add items 1 through 3)..... $ ☐ . ☐☐

B. EXPENDITURES - (Part "B" of Form BC-7)

1. Total Prizes..... $ ☐ . ☐☐
2. Total Rent (If Applicable)..... $ ☐ . ☐☐
3. Total License Fee..... $ ☐ . ☐☐
4. Total Bingo Equipment..... $ ☐ . ☐☐
5. Total Services..... $ ☐ . ☐☐
6. Total Other Expenses..... $ ☐ . ☐☐
7. Total Expenditures (Add Items 1 through 6)..... $ ☐ . ☐☐

C. NET PROFIT OR (LOSS)

1. Total Profit or (Loss) Before Additional License Fee (Item 4 Part A less Item 7 Part B)..... $ ☐ . ☐☐
2. Total additional license fee..... $ ☐ . ☐☐

3. Total Net Profit or (Loss) (Item 1 Less Item 2)..... $ ☐☐☐☐☐☐☐.☐☐

D. DISPOSITION OF AND ACCOUNTING FOR NET PROCEEDS

1. Unexpended balance of net proceeds shown on last BC-7Q report (Item F of BC-7Q)..... $ ☐☐☐☐☐☐☐.☐☐
2. Net Profit or (Loss) from this period (Part C, Item 3)..... $ ☐☐☐☐☐☐☐.☐☐
3. Interest earned on net proceeds on deposit in interest bearing account(s)..... $ ☐☐☐☐☐☐☐.☐☐
4. Other deposits into or adjustments in Special Bingo Account (If Applicable)..... $ ☐☐☐☐☐☐☐.☐☐

Explanation _____

5. Total net proceeds (add Items 1 through 4)..... $ ☐☐☐☐☐☐☐.☐☐

E. Total disbursements of net proceeds from special bingo account since last BC-7Q report (same as Item H)..... $ ☐☐☐☐☐☐☐.☐☐

F. UNEXPENDED BALANCE OF NET PROCEEDS (ITEM D5 LESS ITEM E).... $ ☐☐☐☐☐☐☐.☐☐

G. Attach a list of all disbursement checks of net proceeds drawn on special bingo checking account, other than those included in Part "B" (Expenditures), since last BC-7Q report.

H. Total Amount of Checks (Must be the same as Item E)..... $ ☐☐☐☐☐☐☐.☐☐

Instructions: This section must be fully completed by all parties.

I swear, or affirm that the information and statements contained herein have been examined by me and to the best of my knowledge and belief are true, correct and complete.

Head of Organization:

First Name ☐☐☐☐☐☐☐☐☐☐ Last Name ☐☐☐☐☐☐☐☐☐☐☐☐

Street Address _____ City _____ Zip _____ County _____

(☐☐☐) ☐☐☐ - ☐☐☐☐ Phone Number _____ Signature _____ Date ☐☐ / ☐☐ / ☐☐

Member in Charge:

First Name ☐☐☐☐☐☐☐☐☐☐ Last Name ☐☐☐☐☐☐☐☐☐☐☐☐

Street Address _____ City _____ Zip _____ County _____

(☐☐☐) ☐☐☐ - ☐☐☐☐ Phone Number _____ Signature _____ Date ☐☐ / ☐☐ / ☐☐

Preparer (if different):

First Name ☐☐☐☐☐☐☐☐☐☐ Last Name ☐☐☐☐☐☐☐☐☐☐☐☐

Street Address _____ City _____ Zip _____ County _____

(☐☐☐) ☐☐☐ - ☐☐☐☐ Phone Number _____ Signature _____ Date ☐☐ / ☐☐ / ☐☐

BC-6

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

APPLICATION TO AMEND BINGO LICENSE

Must be conspicuously displayed along with License (BC-5)

(FOR OFFICE USE ONLY) Municipal License Number ☐☐☐☐☐☐☐ $ ☐ Fee Received (only if applicable) ☐ Date

BC - ☐☐ - ☐☐☐ - ☐☐☐ - ☐☐☐☐☐
N.Y.S. Identification Number

Present License Number

INSTRUCTIONS: PLEASE FILE FOUR SIGNED COPIES WITH MUNICIPALITY

Name of Organization

Street Address | Municipality | Zip | County

Address where games are to be conducted:

Street Address | Municipality | Zip | County

Application is hereby made to amend the above numbered license. The amended information is contained in the schedules which are checked below and attached, and are to replace the schedules previously filed.

- ☐ Schedule 1. Officers And Directors
- ☐ Schedule 2. Members In Charge Of Games
- ☐ Schedule 3. Auxiliary/Affiliate Organizations Assisting At Games
- ☐ Schedule 4. Assistants To Members In Charge Of Games
- ☐ Schedule 5. Dates, Hours And Rent Of Games
- ☐ Schedule 6. Prizes
- ☐ Schedule 7. Expenses

If any other information furnished on original application is to be changed, show amended data below.

I swear (or affirm):

1. That ALL the attached Schedules are a material part hereof and are incorporated herein as if set out in full in the application. All the answers contained in this application are a material part hereof.

2. That the entire net proceeds of every bingo game shall be devoted exclusively to one or more of the "lawful purposes" as defined in the Bingo Licensing Law and the Rules and Regulations of the N.Y.S. Racing & Wagering Board.

3. That for each occasion for which a license is sought, one or more of the active members under whose supervision the games are to be held, operated and conducted, who is familiar with the Bingo Control Law, the Bingo Licensing Law, the Rules and Regulations of the N.Y.S. Racing & Wagering Board and local licensing ordinances or laws, will be present at all times, in charge and primarily responsible for the conduct of the games.

4. That the undersigned will be responsible for the holding, operation and conduct of all bingo games in accordance with the terms of the license, the provisions of the Bingo Licensing Law, the Rules and Regulations of the N.Y.S. Racing & Wagering Board and with the provisions of local licensing ordinances or laws.

5. That the undersigned has read and is familiar with the provisions of the Bingo Control Law, the Bingo Licensing Law as amended, the Rules and Regulations of the N.Y.S. Racing & Wagering Board, and the local licensing ordinances or laws.

6. That no prize greater in amount or retail value than $1,000 will be awarded in any single game, and that the aggregate of all prizes given in all games conducted on a single occasion, excluding "early bird" prizes, will not exceed the sum or retail value of $3,000.

7. That no commission, salary, compensation, reward or recompense will be paid to any person for holding or assisting in the operating or conducting of the games, except to bookkeepers or accountants for professional services in an amount not exceeding that fixed by the N.Y.S. Racing and Wagering Board.

☐☐ / ☐☐ / ☐☐
Date

_____ Signature of the Head of the Organization

_____ Print Name

STATE OF NEW YORK
COUNTY OF _____
CITY/TOWN/VILLAGE OF _____
} SS

_____ being duly sworn deposes and says that (s)he is the person above named, that (s)he has read the foregoing statement and the answer therein noted, and that such answers are true and that (s)he has personally affixed his (her) signature to this affidavit.

Sworn to before me this _____ day of _____, 20 _____ Signed _____

_____ Notary Public

_____ Commissioner of Deeds

My Commission expires _____, 20 _____

To be completed by Municipal Clerk:

Issued by _____
(Name of Municipality)

_____
(Title of Authorized Officer)

_____
(Signature of Authorized Officer)

_____
(Date)

MEMBERS' AFFIDAVIT OF GOOD MORAL CHARACTER

The undersigned, each for himself or herself, does hereby declare, subject to the penalties for perjury and related offenses under Article 210 of the Penal Law of New York State as follows:

1. That he or she is a member of _____
(Name of Organization and ID Number)
and has been a member in good standing of such organization for at least one year immediately prior to the date hereof.

2. That he or she is not an owner, co-owner, or lessee of the premises where the aforementioned organization intends to conduct Bingo, or if said premises are owned by a corporation, that the undersigned is not an officer, director or a stockholder thereof owning more than ten percent (10%) of the outstanding stock.

3. That the undersigned is familiar with the provisions of the laws of the State of New York and the TOWN OF CHEEKTOWAGA and the N.Y. State regulations pertaining to the conduct of Games of Chance and/or Bingo.

4. The undersigned does hereby declare that he or she is a person of good moral character and has never been convicted of a crime.

5. That the undersigned will not receive, directly or indirectly, any commission, salary, compensation, reward or recompense for holding, operating, conducting or assisting in the holding, operating or conducting of the Games of Chance and/or Bingo, nor has the undersigned been promised any such commission, salary, compensation, reward or recompense except that if any of the undersigned are bookkeepers or accountants who assist by rendering professional services as such bookkeeper or accountant, a total amount not exceeding the amounts provided by the Rules and Regulations of the New York State Racing and Wagering Board is to be paid.

6. Deponent makes this affidavit knowing that the TOWN OF CHEEKTOWAGA relies upon the truth herein in issuing the license to the above named organization.

ORIGINAL SIGNATURE	**RESIDENCE/Address**