



Instructions: Please file three signed copies with municipality.

BINGO IDENTIFICATION NUMBER: _____ MUNICIPALITY: _____

DATE _____

PART A. GENERAL

1. Name of Organization: _____

2. Street Address of Organization:

Street Address City/Town/Village Zip Code

3. Has applicant ever been denied a bingo license? Yes No If "yes", why?

4. Check type of organization and, if applicable, give the State and date of incorporation.

Corporation _____
Incorporated Association _____ State Incorporated _____ Date _____
Unincorporated Association _____
Individual _____ State Incorporated _____ Date _____

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", under what name?

PART B. LOCATION OF GAMES

7. Address where bingo games are to be conducted.

Street Address City/Town/Village Zip Code

8. Name and address of authorized bingo organization renting premises to applicant:

Name Street Address City/Town/Village Zip Code

9. Does the applicant own the premises? Yes No

10. Capacity for public assembly of premises presently owned or occupied.

11. Have premises been regularly used? Yes No If "yes", how long?
Has bingo ever been conducted on these premises? Yes No

12. Are the premises or any part thereof where bingo is to be conducted licensed by the State Liquor Authority?
 _____ Yes _____ No If “yes”, state the type of license and number _____
13. Has such license ever been revoked or suspended? _____ Yes _____ No If “yes”, explain why.

PART C. PURPOSE OF GAMES

14. 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 all bingo games 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 NYS Gaming Commission.
3. That for each license period for which a license is sought, one or more of the active members under whose supervision the games are to held, operated and conducted, who is familiar with the Bingo Licensing Law, the Rules and Regulations of the NYS Gaming Commission 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 terms of the license, the provisions of the Bingo Licensing Law, the Rules and Regulations of the NYS Gaming Commission and with the provisions of the local licensing ordinances or laws.
5. That the undersigned has read and is familiar with the provisions of the Bingo Licensing Law, the Rules and Regulations of the NYS Gaming Commission, and the local licensing ordinances or laws.
6. That no prize greater in amount or retail value than \$5,000 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 \$15,000.
7. That no commissions, 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 service in an amount not exceeding that fixed by the NYS Gaming Commission.

Signature of Head of Organization

Print Name

Print Title

Date

_____ being duly sworn and says that they are the person above named, that
 (Print Name of Applicant)
 they have read the foregoing statement and the answer therein noted, and that such answers are true and that they have personally affixed their signature to this document.

NOTARY STAMP

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

 (Signature of Applicant)

 (Signature of Notary Public)



Name of Organization: _____

Bingo Identification Number: _____ Date: _____

SCHEDULE 1: OFFICERS AND DIRECTORS

List names, addresses and dates of birth of all officers.

If organization is a corporation, or an incorporated or unincorporated association, list officers and directors.

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