

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	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
	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

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

PART B. LOCATION OF GAMES

- Address where games are to be conducted. _____
- Name and address of licensed commercial lessor renting to applicant. _____
- Name and address of authorized organization renting to applicant. _____
- Does the applicant own the premises? Yes No If "yes", how long? _____
- Capacity for public assembly of premises presently owned or occupied. _____
- 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. _____
- 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. _____
- Has such license ever been revoked or suspended?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

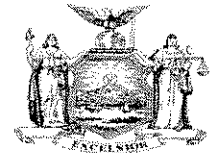
My Commission expires _____, 20____



BC-2A

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Form for Name of Organization, NYS Identification Number, and Date.

SCHEDULE 1: OFFICERS AND DIRECTORS

Table with columns: 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)

Table with columns: 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

Blank line for Name of Auxiliary/Affiliate

Blank line for Bingo ID Number



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

