

**APPLICATION FOR A
2010 CHARITABLE BINGO LICENSE**

Please read the instructions on the following pages carefully and complete as required.

This Application should be used by **all** Organizations seeking a charitable bingo license to conduct traditional bingo or instant bingo during any portion of calendar year 2010. This Application, all attachments and all supporting documents must be delivered to the **Ohio Lottery, Office of Charitable Gaming, 615 W. Superior Avenue, Cleveland, OH 44113-1879**. All renewing applicants must have their application postmarked or submitted by 5:00 p.m. on December 31, 2009. Renewing applicants submitting their application in person after December 31, 2009 or applications that are postmarked after December 31, 2009 are not eligible for a temporary permit and must discontinue bingo activity until the 2010 license is issued.

Bingo license applications for a festival or other special event should be submitted AT LEAST sixty days prior to the event, to allow time for processing.

PART A – IDENTIFICATION OF APPLICANT

1. Applicant: ENTER CHURCH OR SCHOOL NAME HERE
Provide the complete legal name of the organization applying for this license
2. Applicant's I.R.S. Employer Identification Number (EIN): ENTER YOUR TAX IDENTIFICATION # HERE
3. Previous Name of Applicant (if a name change has occurred): ASSUME NONE
4. Address of Principal Place of Business (Do not use a Post Office Box):
ENTER CHURCH OR SCHOOL ADDRESS HERE
Street Address City, State, Zip Code County
5. Telephone Number: ENTER PHONE # HERE
6. Mailing Address (This is the address to which all correspondence to Applicant will be directed):
ENTER CHURCH OR SCHOOL ADDRESS HERE
Street or Post Office Box Address City, State, Zip Code County
7. If previously licensed, provide Applicant's Charitable Bingo License Number: ENTER 2009 BINGO LICENSE #
8. Check the appropriate box for Applicant type (refer to page 2 of the enclosed instructions for definitions of each type):
 Initial Applicant Previously Licensed, but not last year Renewal Applicant

PART B – LICENSES REQUESTED

1. Are there any changes to days, hours, or location(s) from the previous year's bingo license? Yes No N/A
INDICATE YES IF THERE ARE ANY CHANGES TO YOUR 2009 DAYS, HOURS, OR LOCATION
2. Is the Applicant applying for a festival license, or any other event that will last for fewer than four weeks (examples; fish fry, basket bingo, etc.)? **NOTE: A festival application may not be processed in time if this question is answered incorrectly.** Yes No

If yes, what is the anticipated date of your first festival? _____

Please note there additional festival questions on Attachments A and/or B.

IF YOU WISH TO PLAY INSTANT BINGO AT YOUR FESTIVAL YOU SHOULD APPLY FOR A FESTIVAL LICENSE NOW. THIS WILL ELIMINATE THE NEED TO HAVE YOUR LICENSE AMENDED TO ADD A FESTIVAL LICENSE AND WILL SAVE YOU \$200.00.

PART B – LICENSES REQUESTED (CONTINUED)

Check each type of Bingo License that Applicant is seeking. Enter the number of weeks during the calendar year that each type of bingo will be conducted. Use the fee schedule in the Instructions to determine the correct fee(s) and provide the fee amount in the space to the right of each type of bingo license.

- 3. Mark this box if Applicant wishes to conduct **Type I** - Traditional Bingo
 - A. Enter the number of weeks Type I bingo will be conducted during calendar year 2010: _____
 - B. Enter the fee amount for Type I bingo session(s) requested in this application: \$ _____
- 4. Mark this box if Applicant wishes to conduct **Type II** – Instant Bingo
 - A. Enter the number of weeks Type II bingo will be conducted during calendar year 2010: _____
 - B. Enter the fee amount for Type II bingo session(s) requested in this application: \$ _____
- 5. Mark this box if Applicant wishes to conduct **Type III** – Instant Bingo
 - A. Enter the number of weeks Type III bingo will be conducted during calendar year 2010: _____
 - B. Enter the fee amount for Type III bingo session(s) requested in this application: \$ _____
 - C. 501(c)(3) Applicants must indicate the number of Type III locations requested in this application: _____
- 6. **Enter Total Fee Submitted** *Note: Make the check payable to “Treasurer – State of Ohio”* \$ _____

IF YOU HAVE QUESTIONS ABOUT CALCULATING THESE FEES PLEASE CONTACT THE CATHOLIC CONFERENCE AT 614-224-7147 OR EMAIL US AT CJURKOWITZ@OHIOCATHCONF.ORG

PART C – APPLICANT’S ORGANIZATIONAL INFORMATION

- 1. Applicant asserts that it is a charitable organization as indicated by the box it has checked below: (Refer to Sections 2915.01(I)-(Q), (BB)-(DD), and (CCC) of the Ohio Revised Code for definitions of the types of charitable organizations eligible to conduct bingo activity in the State of Ohio.) **Check only one box.**

<input checked="" type="checkbox"/> Educational	<input type="checkbox"/> Volunteer Firefighter	<input type="checkbox"/> Veteran	<input type="checkbox"/> Railroad Education	<input checked="" type="checkbox"/> Religious
<input type="checkbox"/> Fraternal	<input type="checkbox"/> Volunteer Rescue Service	<input type="checkbox"/> Service	<input type="checkbox"/> Nonprofit Medical	<input type="checkbox"/> Sporting
<input type="checkbox"/> Senior Citizen	<input type="checkbox"/> Youth Athletic Park	<input type="checkbox"/> Youth Athletic	<input type="checkbox"/> Amateur Athletic	

CHECK EDUCATIONAL IF YOU ARE A SCHOOL OR RELIGIOUS IF YOU ARE A CHURCH

- 2. Applicant’s I.R.S. tax-exempt status (check only one):
 - 501(c)(3) 501(c)(4) 501(c)(7) 501(c)(8) 501(c)(10) 501(c)(19)
- 3. Is this a Group Exemption? Yes No. If “yes”, provide the group exemption number: 0928
- 4. Has there been any change to the Applicant’s Articles of Incorporation, Charter, or other governing document? (Renewal Applicants only)
 - Yes No N/A. If “yes,” submit the amended information to the Ohio Lottery Commission.
- 5. Applicant agrees to maintain the bingo records required by ORC Section 2915.10 (A) at the principal place of business or headquarters listed below (as required by ORC Section 2915.10(B)): Yes No

ENTER CHURCH OR SCHOOL ADDRESS HERE

Street Address _____ City, State, Zip Code _____ County _____

- 6. Provide a description of Applicant’s history, record and association that establishes that it is a charitable organization as defined in Sections 2915.01(H), (I)-(Q), (BB)-(DD) or (CCC) of the Ohio Revised Code. **This must be an accurate statement of Applicant’s purpose or mission and how that purpose or mission has been accomplished.**

(NAME OF CHURCH) IS AN ORGANIZATION THAT IS NOT ORGANIZED FOR PROFIT THAT GATHERS MEMBERS ON A REGULAR BASIS FOR PUBLIC WORSHIP AND RELATED RELIGIOUS RITES.

(NAME OF SCHOOL) IS NOT ORGANIZED FOR PROFIT WHOSE PRIMARY PURPOSE IS TO PROVIDE AN EDUCATION FOR STUDENTS IN COMPLIANCE WITH SECTION (D) OF CHAPTER 3301.07 OF THE OHIO

REVISED CODE.

PART C – APPLICANT’S ORGANIZATIONAL INFORMATION (CONTINUED)

7. Applicant has been in continuous existence as a charitable organization in the State of Ohio since:

ENTER DATE YOUR CHURCH OR SCHOOL WAS ESTABLISHED

Date of origin (month/year)

8. Is Applicant organized as a non-profit: Corporation or Other (Association, Society, Order, League, **Trust,** Fund, Foundation, etc.)? If incorporated, is Applicant in good standing with the Secretary of State? Yes No

9. Is Applicant a 501(c)(3) tax-exempt organization that was created by a Veteran’s or Fraternal Organization? Yes No. If yes, provide (a) the name and address of the Veteran or Fraternal Organization that created Applicant and (b) a description of the relationship and control held by the creating Veteran or Fraternal Organization:

10. Has Applicant ever had a bingo application rejected or refused by the State of Ohio? Yes No

ASSUME NO

11. Has Applicant ever had a bingo license revoked or suspended? Yes No

ASSUME NO

12. Has Applicant ever signed a settlement agreement with the Attorney General’s office in regard to a bingo license or application? Yes No

If a “yes” response was given to Question #10, #11, or #12 of this Section, provide the year and the reason for the license rejection, rejection, revocation, suspension, or settlement agreement:

ASSUME NO

13. Has Applicant been issued a citation from any law enforcement agency, including the Department of Public Safety, for a gambling violation in the past 10 years? Yes No If yes, then provide the name of the law enforcement agency or department, the date and case number of the citation, the charges alleged and the disposition of the case:

ASSUME NO

14. Provide the names and complete addresses of **all** organizations, including Applicant, who received bingo proceeds for charitable purposes from Applicant’s charitable bingo game or instant bingo during bingo year November 1, 2008 through October 31, 2009. For each organization, provide the address, total amount distributed and identify the source (Type I, Type II, Type III bingo or raffles) of the proceeds that were distributed. These organizations and amounts should agree and total the amounts reported on Attachments D and E. If you are an Initial Applicant, mark this question N/A. N/A

<u>Name of Charitable Organization</u>	<u>Street Address, City, State, Zip Code</u>	<u>Source</u>	<u>Amount</u>
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ENTER PARISH OR SCHOOL NAME AND ADDRESS HERE ALONG WITH THE AMOUNT TRANSFERRED

DURING THE REPORTING PERIOD. THE SOURCE IS TYPE I, II OR III BINGO.

If the space provided is not adequate, use Attachment F to complete the response.

PART C – APPLICANT’S ORGANIZATIONAL INFORMATION (CONTINUED)

18. Advertising Names – List any name used by the Applicant to advertise bingo games or for other purposes:

ENTER CHURCH OR SCHOOL NAME HERE

19. For each of the Applicant’s bank accounts where bingo proceeds are deposited, provide the following information (Initial Applicant’s should use N/A as their response to this question only if accounts have not been opened):

Type of Account Name of Bank Address of Bank Bank Account Number

General Account ALL BINGO PROCEEDS MUST BE DEPOSITED INTO YOUR BINGO ACCOUNT

Bingo Account LIST THE NAME OF BANK, ADDRESS AND ACCOUNT NUMBER

Concession Account

Other

If the space provided is not adequate, please complete the response using the space provided in Attachment F.

20. State the name of the law enforcement agency that has jurisdiction over the bingo game location, the name of the person in charge of the agency, the business address and the non-emergency telephone number. If more than one agency, please use Attachment F.

SELF-EXPLANATORY

Name of the Law Enforcement Agency Person in Charge of the Agency

Street Address, City, State, Zip Code

County Non-Emergency Telephone Number

21. Will paid security personnel be provided at the bingo session? Yes No If yes, provide the name and address of the police agency or private company providing security:

ASSUME YES – THEN ENTER THE INFORMATION REQUESTED

Name of the Police Agency/Private Company Contact Person

Street Address, City, State, Zip Code

County Telephone Number Permit Number

22. Was the November 1, 2009 inventory of all bingo supplies conducted? Yes No (Non-Initial Applicant’s Only)

YOU SHOULD HAVE COMPLETED AND HAVE A RECORD OF THE INVENTORY DONE ON NOVEMBER 1, 2009.

PART D – REGISTRATION AND FILING REQUIREMENTS

1. Is Applicant registered with the Attorney General pursuant to Section 1716.02 of the Ohio Revised Code – the Charitable Solicitation Act? Yes No
- A. If no, state the exemption in Section 1716.03 that applies to Applicant: 1716.03(A) and proceed to question 2 below.
- B. If yes, has Applicant filed annual financial reports with, and paid all applicable annual fees to, the Attorney General pursuant to Sections 1716.02 and 1716.04 of the Revised Code? Yes No
- B1. If Applicant is not required to file an annual financial report with the Attorney General, state the exemption in R.C. 1716.03 that applies: 1716.03(A) (See the Instructions for a list of applicable exemptions.)

FOR 501(c)(3) APPLICANTS ONLY:

2. Is Applicant registered with the Attorney General pursuant to Ohio Revised Code Section 109.26 - the Charitable Trust Act? Yes No
- A. If no, state the exemption in Section 109.26 that applies to Applicant: .02(B)(3) FOR CHURCHES
.02(B)(4) FOR SCHOOLS
- B. If yes, has Applicant filed annual financial reports with, and paid all applicable annual fees to, the Attorney General pursuant to Section 109.31 of the Revised Code? Yes No
- B1. If Applicant is not required to file an annual financial report with the Attorney General, state the exemption in Section 109.26 or 109.31 that applies: .02(B)(3) FOR CHURCHES
.02(B)(4) FOR SCHOOLS (See the Instructions for a list of applicable exemptions.)

PART E – VERIFICATION AND ATTESTATION BY THE PRINCIPAL PERSON

ACKNOWLEDGMENT CLAUSE

State of Ohio :
County of _____ : SS.

NAME OF CHURCH OR SCHOOL HERE

Print or Type the Name of Applicant/Charitable Organization

By signing this application I affirm or swear as follows:

I am the principal person of Applicant/Organization responsible for submitting this Application and all applicable Attachments.

I am the person who has the overall responsibility for the operation and control of the organization or I am the highest elected official in this organization.

I am familiar with and have actual knowledge of the facts underlying this Application and I know that Applicant has been in continuous existence as a charitable organization as required by Ohio Revised Code Section 2915.01(H).

I am fully authorized to submit this Application on behalf of Applicant identified herein; and to the best of my knowledge, information and belief, the statements made in this Application and its Attachments are true and accurate. Further, these documents are originals or true and accurate copies of the originals.

I understand that making of false statements in this Application constitutes grounds for denying this application for a bingo license.

I acknowledge that I am aware that Ohio Revised Code Section 2921.13(A) entitled Falsification provides that no person shall knowingly make a false statement, or knowingly swear or affirm the truth of a false statement previously made when the statement is made for the purpose of securing the issuance of a license, permit, authorization, certificate, registration, release, or provider agreement by a governmental agency.

I acknowledge that I am aware that Ohio Revised Code Section 2921.13(E) entitled Penalty provides **that whoever violates R.C. Section 2921.13 is guilty of falsification, a misdemeanor of the first degree.**

PASTOR OR PRINCIPAL'S NAME HERE

Signature of Principal Person Printed Name of Principal Person Title

Subscribed and sworn to before me this _____ day of _____, 200__ by the above named person who acknowledged voluntary signature of this Application for a 2010 Charitable Bingo License.

Notary Public

SEAL OR NOTARY STAMP

Commission Expiration Date: _____

2010 ATTACHMENT A -- Type I and Type II Bingo Location

Every Applicant seeking a Type I bingo license or a Type I and Type II bingo license must complete this form.

Name of Applicant/Charitable Organization: NAME OF CHURCH OR SCHOOL HERE

PART A – Type I License – Traditional Bingo

Traditional bingo may be conducted for a maximum of two sessions per seven-day period and for not more than five hours per session.

1. Provide the day(s) of the week and hours that Applicant seeks to conduct its Traditional Bingo session(s). Each session must start after 10:00 a.m. and conclude by midnight (12:00 a.m.). **If applicant is requesting a festival license only, do not complete #1 and proceed to #2.**

ENTER THE DAYS AND HOURS YOU INTEND TO CONDUCT TYPE I BINGO HERE

Day 1: _____ Hours: _____ .m. to _____ .m.

Day 2: _____ Hours: _____ .m. to _____ .m.

2. **Festival/Event** - Is the Applicant applying for a festival license, or any other event that will last for fewer than four weeks (examples; fish fry, basket bingo, etc.)? If so, specify the **exact day(s), date(s) and time(s)** for these bingo sessions:

YOU MUST SPECIFY THE EXACT DATES AND HOURS THAT YOU INTEND TO CONDUCT TYPE I BINGO AT YOUR FESTIVAL/EVENT

Day: _____ Date: _____ Hours: _____ .m. to _____ .m.

Day: _____ Date: _____ Hours: _____ .m. to _____ .m.

Day: _____ Date: _____ Hours: _____ .m. to _____ .m.

Day: _____ Date: _____ Hours: _____ .m. to _____ .m.

3. Provide the street address* of the Premises where Applicant will conduct the bingo sessions:

ENTER ADDRESS WHERE TRADITIONAL BINGO WILL BE CONDUCTED

Street Address*

City, State, Zip Code

County

Telephone Number

Business Name and any dba's for the Premises where Instant Bingo will be conducted on behalf of the Applicant

* The Premises listed must be in the same County as Applicant's principal place of business.

4. Is a liquor permit issued for any part of the Premises where Applicant will conduct bingo? Yes No

If yes, provide the permit number.

PRESUME NO UNLESS YOU APPLY FOR A (F), (F-1) OR (F-2) PERMIT IN CONJUNCTION WITH YOUR FESTIVAL, LAS VEGAS NIGHT, ETC.

Permit Number

5. Are the Premises used by more than one organization for the purpose of conducting bingo? Yes No

If yes, provide the name(s) of the other organization(s).

PRESUME NO

Name(s)

PART A – Type I License – Traditional Bingo (CONTINUED)

6. Does the Applicant own or lease the Premises (check one)? If Premises are leased, please complete Part D of this Attachment.

IF YOU LEASE PREMISES USED TO CONDUCT TYPE I BINGO YOU MUST COMPLETE PART D OF THIS ATTACHMENT.

PART B – Type II License – Instant Bingo conducted at the Traditional Bingo Session

Type II Instant Bingo may be conducted during the licensed hours for Traditional Bingo (see Part A, Question 1) and for a maximum of two hours before and two hours thereafter. If the Traditional Bingo Session (Type I) begins at 10:00 a.m., Type II Instant Bingo may start no earlier than 9:00 a.m. In all other situations, Type II Instant Bingo must start after 10:00 a.m. and conclude by midnight (12:00 a.m.). A 501(c)(4) organization that is not a Veterans organization cannot conduct Type II Instant Bingo (refer to Applicant’s response to the Bingo Application Part C, Question 1 for the organization type indicated).

Provide the hours that Instant Bingo will be conducted on the day(s) listed in Part A, Question 1.

THE DAYS MUST BE THE SAME AS THOSE LISTED IN PART A – TYPE I LICENSE. THE HOURS FOR TYPE II BINGO MAY BE TWO HOURS BEFORE AND AFTER TYPE I BINGO.

Day 1: _____ Hours: _____ .m. to _____ .m.

Day 2: _____ Hours: _____ .m. to _____ .m.

Festival/Event - Is the Applicant applying for a festival license, or any other event that will last for four weeks or less (examples; fish fry, basket bingo, etc.)? If so, specify the **exact day(s), date(s) and time(s)** for these bingo sessions:

YOU MUST SPECIFY THE EXACT DAYS, DATES AND TIMES FOR YOUR FESTIVAL/EVENT.

Day: _____ Date: _____ Hours: _____ .m. to _____ .m.

Day: _____ Date: _____ Hours: _____ .m. to _____ .m.

Day: _____ Date: _____ Hours: _____ .m. to _____ .m.

Day: _____ Date: _____ Hours: _____ .m. to _____ .m.

PART C – Distributors, Supplies and Equipment

1. Provide the legal name, address, and license number of the Distributor(s) that Applicant purchased or leased bingo supplies from in 2009. Initial applicants should indicate the Distributors the Applicant will purchase or lease bingo supplies from in 2010.

Legal Name _____ Address _____ License Number _____

ENTER THE NAME, ADDRESS AND LICENSE NUMBER OF DISTRIBUTOR(S) THAT YOU PURCHASED BINGO SUPPLIES FROM DURING 2009.

2. Will the equipment (other than the bingo supplies, as described in question 1 above) used to conduct bingo be owned or leased by the Applicant? Owned Leased If the equipment will be leased, list the name of the charitable organization that is the lessor, the license number of that organization, and the rental amount.

Legal Name _____ License Number _____ Equipment Rental Amount per Session _____

COMPLETE THIS IF YOU ARE LEASING BINGO EQUIPMENT

PART D – Leased Property

If Type I or Type I / II bingo sessions will be conducted at Premises that are **leased**, please complete this part of the Application.

1. Provide the following information for the Lessor (or Property Owner):

Name: _____
 Full Legal Name of Lessor (if an individual, use Last, First, MI)

Business Mailing Address: _____
 Street Address

 City, State, Zip Code County Daytime Telephone No.

2. If the Lessor is not the owner of the property, please provide the property owner's information.

Name: _____
 Full Legal Name of Lessor (if an individual, use Last, First, MI)

Business Mailing Address: _____
 Street Address

 City, State, Zip Code County Daytime Telephone No.

Is the property owner or lessor a corporation, partnership, or association? Yes No

3. Rental Amount to be paid according to the lease agreement: \$ _____ per session. (Enter -0- if no charge.)

4. Is the Lessor a "charitable organization" as defined in Section 2915.01(H) of the Ohio Revised Code? Yes No

5. Is any individual identified in Attachment C or any security personnel a current or past agent, employee, servant, shareholder, partner, or owner of, or otherwise associated with the Owner or Lessor of the Leased Premises?
 Yes No

If yes, provide each individual's name and describe his or her relationship with the Owner or Lessor of the Leased Premises.

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____
_____	_____

COMPLETE THIS PAGE IF YOU ARE LEASING PREMISES TO CONDUCT TYPE I AND TYPE II BINGO

NOTE: IF YOU PLAN TO CONDUCT INSTANT BINGO OTHER THAN AT TRADITIONAL BINGO YOU MUST COMPLETE ATTACHMENT B

2010 ATTACHMENT B – Type III Instant Bingo Location

Every Applicant seeking a Type III Instant Bingo License must complete this form.

A separate copy of this Attachment must be completed for **each** location at which the Applicant intends to conduct Instant Bingo other than at a Traditional Bingo Session.

Name of Applicant/Charitable Organization: **NAME OF CHURCH OR SCHOOL HERE**

PART A – Type III License – Instant Bingo other than at a Traditional Bingo Session

1. Provide the day(s) of the week and hours that Instant Bingo will be conducted at the Location. (501(c)(4) Veteran’s Organizations and 501(c)(7), 501(c)(8), 501(c)(10), and 501(c)(19) Veteran’s, Fraternal, and Sporting Organizations are limited to a maximum of twelve hours per day between the hours of 10:00 a.m. and 2 a.m.). **If applicant is requesting a festival license only, do not complete #1 and proceed to #2.** A 501(c)(4) organization that is not a Veterans organization cannot conduct Type III Instant Bingo (refer to Applicant’s response to the Bingo Application Part C, Question 1 for the organization type indicated).

PART A SECTION 1 DOES NOT APPLY TO CHURCHES AND SCHOOLS SEEKING A FESTIVAL/EVENT LICENSE

- | | | |
|------------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Sunday | Hours: _____ .m. to _____ .m. | Hours: _____ .m. to _____ .m. |
| <input type="checkbox"/> Monday | Hours: _____ .m. to _____ .m. | Hours: _____ .m. to _____ .m. |
| <input type="checkbox"/> Tuesday | Hours: _____ .m. to _____ .m. | Hours: _____ .m. to _____ .m. |
| <input type="checkbox"/> Wednesday | Hours: _____ .m. to _____ .m. | Hours: _____ .m. to _____ .m. |
| <input type="checkbox"/> Thursday | Hours: _____ .m. to _____ .m. | Hours: _____ .m. to _____ .m. |
| <input type="checkbox"/> Friday | Hours: _____ .m. to _____ .m. | Hours: _____ .m. to _____ .m. |
| <input type="checkbox"/> Saturday | Hours: _____ .m. to _____ .m. | Hours: _____ .m. to _____ .m. |

2. **Festival/Event** - Is the Applicant applying for a festival license, or any other event that will last for four weeks or less (examples; fish fry, basket bingo, etc.)? If so, specify the **exact day(s), date(s) and time(s)**:

YOU MUST PROVIDE THE EXACT DATES, DAYS AND HOURS FOR YOUR FESTIVAL/EVENT

- Day: _____ Date: _____ Hours: _____ .m. to _____ .m.
- Day: _____ Date: _____ Hours: _____ .m. to _____ .m.
- Day: _____ Date: _____ Hours: _____ .m. to _____ .m.
- Day: _____ Date: _____ Hours: _____ .m. to _____ .m.

3. Provide the address of the Premises where Instant Bingo will be conducted by or on behalf of the Applicant:

WE PRESUME YOU WILL DO THIS ON YOUR OWN PREMISES. IF NOT, ENTER THE ADDRESS HERE.

Street Address

City, State, Zip Code

County

Telephone Number

Business Name and any dba’s for the Premises where Instant Bingo will be conducted on behalf of the Applicant

* The Premises listed must be in the same County as Applicant’s principal place of business.

PART A – Type III License – Instant Bingo other than at a Traditional Bingo Session (Continued)
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4. Is a liquor permit issued for any part of the Premises where Applicant will conduct Instant Bingo? Yes No
If yes, provide the permit number.

ENTER YES IF YOU ARE APPLYING FOR A (F), (F-1) OR (F-2) PERMIT

Permit Number _____

5. Are the Premises used by more than one organization for the purpose of conducting Instant Bingo? Yes No
If yes, provide the name(s) of the other organization(s).

PRESUME NO

Name(s) _____

6. Does the Applicant Own or Lease the Premises (check one)? If Premises are leased, please complete Part C of this Attachment.

WE PRESUME THAT THE ACTIVITY WILL TAKE PLACE ON YOUR OWN PREMISES

7. If Applicant is tax exempt pursuant to subsection 501(c)(3) of the Internal Revenue Code, provide the gross receipts for Type III Instant Bingo for this Location and the amount of retail income from all commercial activity for this location. During the period beginning November 1, 2008 and ending October 31, 2009, determine the percentage of the total gross receipts generated from bingo and other sources at the Location.

Description of Source	Gross Receipts**	Percentage
Type III Instant Bingo Gross Receipts _____	\$ _____	_____ %
* All Other Retail Income (before expenses) _____	\$ _____	_____ %
Total Gross Receipts	\$ _____	100%

* "All Other Retail Income" also includes Gross Receipts from Type I and Type II Bingo **(IN ADDITION TO YOUR FESTIVALS AND LAS VEGAS NIGHTS)**

** Religious organizations that meet the special criteria set forth under Ohio Revised Code Section 2915.093 may report gross profits for both sources (Type III Instant Bingo and All Other Retail Income) of income.

PART B – Distributors, Supplies and Equipment
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1. Provide the legal name, address, and license number of the Distributor(s) that Applicant purchased or leased bingo supplies from in 2009. Initial applicants should indicate the Distributors the Applicant will purchase or lease bingo supplies from in 2010.

Legal Name	Address	License Number
ENTER NAME, ADDRESS AND LICENSE NUMBER OF DISTRIBUTOR HERE		

2. Will the equipment (other than the bingo supplies, as described in question 1 above) used to conduct bingo be owned or leased by the Applicant? Owned Leased If the equipment will be leased, list the name of the charitable organization that is the lessor, the license number of that organization, and the rental amount.

Legal Name	License Number	Equipment Rental Amount per Session
WE PRESUME OWNED		

NOTE: COMPLETE PART C IF YOU LEASE PREMISES TO CONDUCT TYPE III BINGO

PART C – Leased Property

If Type III Instant Bingo will be conducted at Premises that are leased, please complete this part of the Application.

1. Provide the following information for the Lessor (or Property Owner):

Name: _____
Full Legal Name of Lessor (if an individual, use Last, First, MI)

Business Mailing Address: _____
Street Address

City, State, Zip Code County Daytime Telephone No.

2. If the Lessor is not the owner of the property, please provide the property owner's information.

Name: _____
Full Legal Name of Lessor (if an individual, use Last, First, MI)

Business Mailing Address: _____
Street Address

City, State, Zip Code County Daytime Telephone No.

Is the property owner or lessor a corporation, partnership, or association? Yes No

3. Are any monies or anything of value being transferred directly or indirectly by the Applicant to the Owner or Lessor of the Type III Location for any purposes? Yes No If yes, please explain:

**2010 Attachment C
Bingo and Concession Workers**

All Applicants must complete this Attachment.

Name of Applicant/Charitable Organization: NAME OF CHURCH OR SCHOOL HERE

Please Note: The Birthdates of all individuals must be provided in order for this application to be considered complete.

Record the address for traditional bingo and for each instant bingo location. 501(c)(3) Applicants may be licensed for up to five instant bingo locations while **veteran's, fraternal, and sporting organizations may only sell instant bingo to members and invited guests at one location identified as their own licensed premises.**

Please Type or Print.

TYPE OF ACTIVITY	CODE	STREET ADDRESS/CITY/ZIP
TRADITIONAL BINGO	TB	ENTER ADDRESS FOR WHERE YOU CONDUCT REGULAR BINGO
INSTANT BINGO – LOCATION 1	IB-L1	ENTER ADDRESS WHERE YOU CONDUCT INSTANT BINGO AT REGULAR BINGO
INSTANT BINGO – LOCATION 2	IB-L2	ENTER ADDRESS WHERE YOU CONDUCT INSTANT BINGO OTHER THAN AT REGULAR BINGO
INSTANT BINGO – LOCATION 3	IB-L3	
INSTANT BINGO – LOCATION 4	IB-L4	
INSTANT BINGO – LOCATION 5	IB-L5	

In the table below, identify the person who has the overall responsibility for the operation and control of the organization applying for this bingo license. This person is known as the **principal person** for the organization:

NAME	TITLE	HOME ADDRESS Street Address, City and Zip Code	PHONE NUMBER	DATE OF BIRTH
PASTOR OR PRINCIPAL'S NAME HERE Principal Person				

In the table below, identify the person or persons who will be responsible for maintaining and having custody of the complete bingo records required by Ohio Revised Code Section 2915.10:

NAME	TITLE	HOME ADDRESS Street Address, City and Zip Code	PHONE NUMBER	DATE OF BIRTH
PASTOR OR PRINCIPAL'S NAME HERE Custodian of Bingo Game Records				
Custodian of Bingo Game Records				

In the table below, identify the person or persons who will have overall supervision and management of bingo (primary bingo game operator) conducted at each and every location and who will be responsible for holding, operating and conducting these bingo activities in accordance with the license and the provisions of Ohio Revised Code Sections 2915.01 et seq. Attach additional copies of table if needed. **At least one person must assume these responsibilities.**

NAME	TITLE	HOME ADDRESS Street Address, City and Zip Code	PHONE NUMBER	DATE OF BIRTH	BINGO LOCATION CODE
LIST PERSONS RESPONSIBLE FOR OPERATION OF BINGO HERE					
Primary Bingo Game Operator					
Primary Bingo Game Operator					
Primary Bingo Game Operator					

In the table below, identify each and every director, trustee and officer of Applicant organization:

NAME	TITLE	HOME ADDRESS Street Address, City and Zip Code	PHONE NUMBER	DATE OF BIRTH
PASTOR OR PRINCIPAL'S NAME HERE				

In the table below, identify each and every person who will assist or work in the operation of bingo (Type I, Type II and Type III) conducted at any location; and each and every person who will assist or work in the operation of concessions at any traditional bingo sessions:

NAME	TITLE	HOME ADDRESS Street Address, City and Zip Code	PHONE NUMBER	DATE OF BIRTH	BINGO LOCATION CODE (S)
ENTER NAMES OF ALL PERSONS EXPECTED TO					
ASSIST IN BINGO OPERATIONS AND CONCESSIONS					
HERE.					
NOTE: IF YOU ARE APPLYING FOR A TYPE III					
LICENSE TO CONDUCT INSTANT BINGO DURING					
YOUR FESTIVAL, LAS VEGAS NIGHT, ETC. AT A					
MINIMUM YOU SHOULD ENTER THE NAMES OF THE					
OVERALL CHAIRPERSON AND THE NAME OF THE					
PERSON IN CHARGE OF INSTANT TICKET SALES.					

2010 Attachment D-1

This Attachment is to be completed by all RENEWAL 501(c)(3) Organizations and 501(c)(4) non-Veteran, non-Fraternal, and non-Sporting Organizations that were licensed for Type I, II, and/or III Bingo

**Income Statement (November 1, 2008 - October 31, 2009)
For All Bingo--Types I, II, and/or III and All Raffles**

This form is NOT applicable to "INITIAL" and "PREVIOUSLY LICENSED BUT NOT LAST YEAR" Applicants

Name of Applicant/Charitable Organization: NAME OF CHURCH OR SCHOOL HERE

NOTE: YOU SHOULD HAVE THE INFORMATION TO COMPLETE THIS ATTACHMENT

Total number of bingo sessions: _____

Average attendance per session: _____

Type I - Traditional Bingo and All Raffles

Revenues

- 1 Type I--Traditional Bingo \$ _____
- 2 Raffles _____
- 3 Supplies Income _____
- 4 Other (Include listing of other revenues on Attachment F) _____
- 5 **Total Revenues** (add lines 1-4) \$ _____

Expenses

- 6 Traditional Bingo Prizes \$ _____
- 7 Raffle Prizes _____
- 8 License Fee--Type I (\$200 max.) _____
- 9 Rent/Consideration (circle one) _____
- 10 Security _____
- 11 Bingo Advertising _____
- 12 Electronic Bingo Aids _____
- 13 Bingo Supplies (See 2915.01(EE)) _____
- 14 Bingo Equipment _____
- 15 Tables/Chairs _____
- 16 Audit/Accounting Services _____
- 17 Safes/Cash Registers _____
- 18 Bank Fees _____
- 19 Facilities Maintenance/Operation _____
- 20 **Total Expenses** (add lines 6 through 19) \$ _____

21 **Total Proceeds from Type I Bingo and All Raffles** \$ _____
(Subtract line 20 from line 5)

Type II and Type III Instant Bingo

Total Type II

22	Instant Bingo Gross Receipts	\$ _____
23	Less: Instant Bingo Prizes	_____
24	Instant Bingo Gross Profit	_____
25	Less: Cost of Instant Tickets	_____
26	Net Profit from the proceeds of the sale of instant bingo**	\$ _____

Total Type III (For All Locations*)

27	Instant Bingo Gross Receipts	\$ _____
28	Less: Instant Bingo Prizes	_____
29	Instant Bingo Gross Profit	_____
30	Less: Cost of Instant Tickets	_____
31	Net Profit from the proceeds of the sale of instant bingo**	\$ _____

*If more than one Type III location, please complete Attachment E

The organization must distribute one hundred percent of the net profit from the proceeds of the sale of instant bingo to an organization described in division (Z)(1) of section 2915.01 of the Ohio Revised Code or to a department or agency of the federal government, the state, or any political subdivision. **No portion of net profit from the proceeds of the sale of instant bingo may be used to pay any direct or indirect costs related to the instant bingo game.

Concession Income Calculation

Concession Revenues	\$ _____
Concession Expenses	\$ _____
Net Concessions	\$ _____