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★ OHIO ATTORNEY GENERAL ★

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APPLICATION FOR A 2012 CHARITABLE BINGO LICENSE

For Office Use Only:

Date Ck Rec'd: _____
Check #: _____
Amt: _____
Other: _____

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 2012.

This Application, all attachments, all supporting documents and license fee(s) 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 and fees postmarked or submitted by 5:00 p.m. on January 3, 2012. Renewing applicants submitting their application in person after January 3, 2012, or applications that are postmarked after January 3, 2012, are not eligible for a temporary permit and must discontinue bingo activity until the 2012 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

- Applicant: ENTER CHURCH OR SCHOOL NAME HERE
Provide the complete legal name of the organization applying for this license
- Applicant's I.R.S. Employer Identification Number (EIN): ENTER YOUR TAX IDENTIFICATION # HERE
- Previous Name of Applicant (if a name change has occurred): ASSUME NONE
- 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
- Telephone Number: ENTER PHONE # HERE
- 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
- If previously licensed, provide Applicant's Charitable Bingo License Number: ENTER 2011 BINGO LICENSE #
- 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

- 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 2011 DAYS, HOURS OR LOCATION
- 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 are 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.

Part C – Applicant’s Organizational Information (Continued)

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.

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

Part C – Applicant’s Organizational Information (Continued)

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, 2010 through October 31, 2011. 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

Name of Charitable Organization Street Address, City, State, Zip Code Source Amount

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.

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

15. Provide the names and complete addresses of all organizations that may receive distributions from Applicant’s charitable bingo game, instant bingo or raffles during bingo year November 1, 2011 through October 31, 2012. For each organization, provide the address, estimated percentage that organization will receive and identify the source (Type I, Type II, Type III bingo or raffles) of the proceeds that will be distributed. For 501(c)(4), 501(c)(7), 501(c)(8), 501(c)(10) and 501(c)(19) Veteran, Fraternal and Sporting Organizations applying for a Type III license, please indicate the amounts distributed that are subject to the 75/25 percent distributions and the amounts subject to the 50/45/5 percent distribution.

Name of Charitable Organization Street Address, City, State, Zip Code Source Amount

ENTER PARISH OR SCHOOL NAME HERE. INSERT TYPE I, II OR III UNDER THE WORD SOURCE AND 100% UNDER THE WORD PERCENTAGE.

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

16. Has any individual listed in Attachment C or any individual listed in response to any other question in this Application ever been convicted of a gambling offense or a felony in any jurisdiction?

Yes No

If yes, provide the following information:

Individual’s Name Date of Birth Description of the Offense

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

If no, in the space provided, indicate how you confirmed the individuals were not convicted of a felony or gambling offense.

WE HAVE ASKED INDIVIDUALS WORKING BINGO IF THEY HAVE EVER BEEN CONVICTED

OF A FELONY OR GAMBLING OFFENSE.

Part C – Applicant’s Organizational Information (Continued)

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, 2011 inventory of all bingo supplies conducted? Yes No (Non-Initial Applicants Only)

YOU SHOULD HAVE COMPLETED AND HAVE A RECORD OF THE INVENTORY DONE ON NOVEMBER 1, 2011.

Part D – Registration and Filing

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)(3) 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

C. 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)(3) FOR SCHOOLS

(See the Instructions for a list of applicable exemptions.)

2012 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 *three sessions* per seven-day period and for not more than *five hours* per session.

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

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.**

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

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

Day 3: _____ 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.

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 Applicant

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

Part A – Type I License – Traditional Bingo (Continued)

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)

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 after. 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.

Day 3: _____ 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.

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 2011. Initial applicants should indicate the Distributors the Applicant will purchase or lease bingo supplies from in 2012.

Legal Name

Address

License Number

ENTER THE NAME, ADDRESS AND LICENSE NUMBER OF DISTRIBUTOR(S) THAT YOU PURCHASED BINGO SUPPLIES FROM DURING 2010.

Part C – Distributors, Supplies and Equipment (Continued)

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 lessor and the rental amount.

Legal Name

Equipment Rental Amount

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.)

Part D – Leased Property (Continued)

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.

Name

Relationship

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

2012 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.

Part A – Type III License – Instant Bingo other than at a Traditional Bingo Session (Continued)

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.

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, 2010 and ending October 31, 2011, 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)

** A 501(c)(3) religious organization may include donations from members and guests as other retail income at only one location at which it conducts its charitable programs.

Part B – 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 2011. Initial applicants should indicate the Distributors the Applicant will purchase or lease bingo supplies from in 2012.

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 lessor and the rental amount.

Legal Name

Equipment Rental Amount

WE PRESUME OWNED.

Part C – Leased Property

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

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

4. 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.

5. 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

Part C – Leased Property (Continued)

6. 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:



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2012 ATTACHMENT C - BINGO AND CONCESSION WORKERS

All Applicants must complete this Attachment.

Name of Applicant/Charitable Organization: _____

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 Code
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				
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				
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					
Primary Bingo Game Operator					

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.					



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2012 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, 2010 - October 31, 2011)
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 Property Taxes _____
- 20 Facilities Maintenance/Operation _____
- 21 **Total Expenses** (add lines 6 through 20) \$ _____

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

Type II and Type III Instant Bingo

Total Type II

- | | |
|--|----------|
| 23 Instant Bingo Gross Receipts | \$ _____ |
| 24 Less: Instant Bingo Prizes | _____ |
| 25 Instant Bingo Gross Profit | _____ |
| 26 Less: Cost of Instant Tickets | _____ |
| 27 Net Profit from the proceeds of the sale of instant bingo** | \$ _____ |

Total Type III (For All Locations*)

- | | |
|--|----------|
| 28 Instant Bingo Gross Receipts | \$ _____ |
| 29 Less: Instant Bingo Prizes | _____ |
| 30 Instant Bingo Gross Profit | _____ |
| 31 Less: Cost of Instant Tickets | _____ |
| 32 Net Profit from the proceeds of the sale of instant bingo** | \$ _____ |

*If more than one Type III location, please complete Attachment E-1

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 | \$ _____ |