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APPLICATION FOR A
BINGO DISTRIBUTOR/MANUFACTURER LICENSE

Every Distributor and Manufacturer that intends to sell, offers for sale, or otherwise provide bingo supplies for use in this state, must complete this application and obtain a License from the State of Ohio pursuant to Sections 2915.081 and 2815.082 of the Ohio Revised Code prior to engaging in any of these activities and annually thereafter. A license fee of $5,000 made payable by check to "Treasurer of the State of Ohio" must be submitted with this Application. Mail this application and license fee to: Office of the Ohio Attorney General, Charitable Law Section, 150 East Gay St., 23rd Floor, Columbus, Ohio, 43215.

1. Check the type of License for which Applicant is applying. (Check all that apply.)
   ☐ Distributor ☐ Manufacturer

2. Has Applicant been previously licensed by the Ohio Attorney General? ☐ Yes ☐ No
   If yes, what was the expiration year on the license for the last year the Applicant was licensed? _____ (YYYY)

   If previously licensed in Ohio, provide Applicant's License Number:

   Distributor License Number: _____ Manufacturer License Number: _____

3. Has Applicant ever had a prior application rejected by the State of Ohio or had its license revoked or suspended?
   ☐ Yes ☐ No

   If yes, provide the following:
   ☐ Rejected ☐ Revoked ☐ Suspended Year: _____

   Reason:_____
   _____
   _____
   _____

4. Select which business type the Applicant is organized as:
   ☐ Association ☐ Corporation ☐ Individual ☐ Partnership ☐ Other

   If other is selected, please provide a brief description: _____

5. Provide Applicant's I.R.S. Employer Identification Number (EIN: XX-XXXXXXX): _____

   __ N/A - Sole Proprietorship with no Employer Identification Number

6. Name of Distributor or Manufacturer Applicant (If Sole Proprietorship and no legal business name, use Last, First, and Middle Initial): _____

   Previous Name of Applicant (if legal name has changed): _____

7. Name(s) that will be used to conduct business in Ohio: _____
(Note: any DBA must be registered with the Ohio Secretary of State's Office) __ N/A

8. Address of Principal Place of Business:
Street Address: _____
City: _____ State: ___ Zip code: _____
Phone Number: (____) ____-_____
Fax Number: (____) ____-_____
Email Address: _____ Web Address:_____

9. Business Mailing Address: (This is the address to which all correspondence to Applicant will be directed.)

Check here if all information is the same as listed in question #8 above. ☐
Street Address: _____
City: _____ State: ___ Zip code: _____
Phone Number: (____) ____-_____
Fax Number: (____) ____-_____
Email Address: _____

10. Will the records required by Section 2915.10(F) and (G) of the Ohio Revised Code be maintained by Applicant at its Principal Place of Business listed in question #8? ☐ Yes ☐ No

If no, provide the addresses of all locations where the required records will be maintained.
Street Address: _____
City: _____ State: ___ Zip code: _____
Phone Number: (____) ____-_____
Type: ☐ Distributor ☐ Manufacturer ☐ Distributor Manufacturer

(If more space is required, please attach a statement containing all information not provided here.)

11. Provide the name of the state under the laws of which Applicant was organized: ___

12. Does Applicant have an appointed Statutory Agent? ☐ Yes ☐ No

Note: Applicants located outside of the State of Ohio must have Statutory Agent registered with the Ohio Secretary of State.
If Yes, provide the following information for Applicant's Appointed Statutory Agent located in the State of Ohio.
Company Name: _____
First Name: _____
Last Name: _____

Street Address: _____
City: _____ State: ___ Zip code: _____
Title/Position: _____
E-mail Address: _____
Phone Number: (____) ____-_____

"Bingo Supplies" are defined in Ohio Revised Code Section 2915.01 (EE) as bingo cards or sheets; instant bingo tickets or cards; electronic bingo aids; raffle tickets; punch boards; seal cards; instant bingo ticket dispensers; and devices for selecting or displaying the combination of bingo letters and numbers or raffle tickets.

13. List the complete address for all locations where bingo supplies intended for distribution in Ohio will be stored, sold or manufactured.

Street Address: _____
City: _____ State: ___ Zip code: _____
Phone Number: (____) ____-_____
Type: ☐ Distributor ☐ Manufacturer ☐ Distributor & Manufacturer
Location Activity: ☐ Sold ☐ Stored ☐ Manufactured

Street Address: _____
City: _____ State: ___ Zip code: _____
Phone Number: (____) ____-_____
Type: ☐ Distributor ☐ Manufacturer ☐ Distributor & Manufacturer
Location Activity: ☐ Sold ☐ Stored ☐ Manufactured

Street Address: _____
City: _____ State: ___ Zip code: _____
Phone Number: (____) ____-_____
Type: ☐ Distributor ☐ Manufacturer ☐ Distributor & Manufacturer
Location Activity: ☐ Sold ☐ Stored ☐ Manufactured

(If more space is required, please attach a statement containing all information not provided here.)

14. Provide a description of each type of bingo supply, as defined in O.R.C. Section 2915.01 (EE), to be offered by the Applicant for sale or use within the State of Ohio:
Type: ☐ Bingo Cards ☐ Bingo Sheets ☐ Instant Bingo Tickets ☐ Instant Bingo Cards
☐ Electronic Bingo Aid ☐ Raffle Tickets ☐ Punch Boards ☐ Seal Cards
☐ Instant Bingo Ticket Dispenser ☐ Devices for Selecting ☐ Other

Description: _____

Description: _____

Description: _____

15. Other than the bingo supplies listed in response to question #14 above, will Applicant offer any other gambling related good(s) or service(s) for sale or use within the State of Ohio? ☐ Yes ☐ No

If yes, provide the following:
Type of Goods or Services: ☐ Goods ☐ Services

Intended Market: _____

Type of Goods or Services: ☐ Goods ☐ Services

Intended Market: _____

16. Does Applicant have a financial interest in any other gambling related business operating in the State of Ohio or an ownership interest in any premises in the state of Ohio that are used for the conduct of bingo? ☐ Yes ☐ No

If yes, provide the following:
Name: _____
Street Address: _____
City: _____ State: ___ Zip code: _____
Phone Number: (____) ____-_____
Description: _____

(If more space is required, please attach a statement containing all information not provided here.)

17. Is Applicant involved in the conduct of bingo in Ohio on behalf of any charitable organization?
☐ Yes ☐ No If yes, provide the following:
Name: _____ Bingo License Number: _____

Description of Assistance: _____

Organizational Information

OTHER JURISDICTIONAL LICENSES
Note: Other jurisdictions include other states, provinces, countries and tribal nations.

1. Is Applicant licensed in any other jurisdiction? ☐ Yes ☐ No
If yes, provide the following:

_____
License # Jurisdiction Effective Date Expiration Date Type of License
If other than a manufacturer or distributor, please provide a brief description:_____

_____
License # Jurisdiction Effective Date Expiration Date Type of License
If other than a manufacturer or distributor, please provide a brief description:_____

_____
License # Jurisdiction Effective Date Expiration Date Type of License
If other than a manufacturer or distributor, please provide a brief description:_____

(If more space is required, please attach a statement containing all information not provided here.)

2. Has Applicant ever been issued a gambling citation, been convicted of a gambling-related or felony offense, been subject to an administrative proceeding or had a license related to gambling or gambling supplies revoked or suspended under the laws of this state or any other jurisdiction? ☐ Yes ☐ No

If yes, provide the following:
Statute or Ordinance: (e.g., ORC 2915 or OAC 109) _____
Jurisdiction: _____ Type: ☐ Statute ☐ Ordinance
Date: ____/____/_____ (MM/DD/YYYY)
Conviction Date or Administrative Ruling: ____/____/_____ (MM/DD/YYYY)
Description and/or Name of the Court: _____

PERSONS ASSOCIATED WITH APPLICANT

1. State the principal person of Applicant who has the overall responsibility for the operation and control of the business. This individual will be responsible for completing the "Verification and Attestation by Principal Person" at the end of this application.

   First Name: _____ Last Name: _____
   Residential Address: _____
   City: _____ State: ____ Zip Code: _____
   Title/Position: _____
   Phone: (_____) _____-_____
   Email: _____

2. Provide the name of all Officers, Partners, and Other Persons who have an ownership interest of ten percent or more in Applicant. For each individual, an Attachment A - Affidavit of Person Associated with Distributor or Manufacturer must be completed and maintained with your records.

   First Name and Middle Initial: _____ Last Name: _____
   First Name and Middle Initial: _____ Last Name: _____
   First Name and Middle Initial: _____ Last Name: _____
   First Name and Middle Initial: _____ Last Name: _____

3. Provide the names of all individuals who will be responsible for maintaining and having custody of the records relating to Applicant's sale of bingo supplies in Ohio as required pursuant to Section 2915.10(F) and/or 2915.10(G) of the Ohio Revised Code.

   First Name: _____ Last Name: _____
   Residential Address: _____
   City: _____ State: ____ Zip Code: _____
   Title/Position: _____
   Phone: (_____) _____-_____
   Email: _____

   First Name: _____ Last Name: _____
   Residential Address: _____
   City: _____ State: ____ Zip Code: _____
   Title/Position: _____
   Phone: (_____) _____-_____
   Email: _____
   (If more space is required, please attach a statement containing all information not provided here.)

4. Has any individual listed in response to questions 1, 2, or 3 above ever been convicted of a felony or a gambling-related offense in any jurisdiction? ☐ Yes ☐ No

If yes, provide the following:
Name: _____ Date of Birth: ___/___/_____ (MM/DD/YYYY)
Residential Address: _____
City: _____ State: ____ Zip Code: _____
Jurisdiction: _____
Description of Conviction:
_____
_____
_____
_____
_____
Date of Conviction: ___/___/_____

Name: _____ Date of Birth: ___/___/_____ (MM/DD/YYYY)
Residential Address: _____
City: _____ State: ____ Zip Code: _____
Jurisdiction: _____
Description of Conviction:
_____
_____
_____
_____
_____
Date of Conviction: ___/___/_____

(If more space is required, please attach a statement containing all information not provided here.)

5. Has any individual listed in response to questions 1, 2, or 3 above ever had a license related to gambling or gambling supplies revoked or suspended under the laws of this state or any other jurisdiction? ☐ Yes ☐ No

If yes, provide the following:
Name: _____ Date of Birth: ___/___/_____ (MM/DD/YYYY)
Residential Address: _____
City: _____ State: ____ Zip Code: _____
Jurisdiction: _____
Description of Circumstances: _____
_____
_____
_____
_____
Date of Revocation or Suspension: ___/___/_____

(If more space is required, please attach a statement containing all information not provided here.)

VERIFICATION AND ATTESTATION BY PRINCIPAL PERSON

By signing below I affirm or swear as follows:

I am the principal person of Applicant as identified on Page 4, Item 1. This means that 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 have reviewed this Application and its attachments, am familiar with and have actual knowledge of the facts underlying this Application.
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 submitted with this Application are true and accurate. Further, these documents are originals or true and accurate copies of the originals.
I understand that the making of false statements in this Application constitutes grounds for denying this application for a bingo license.
I acknowledge that the Attorney General is authorized to continue to rely upon the information provided in this Application unless Applicant submits updated information to the Attorney General within a reasonable time period following each change using the prescribed forms.
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 this R.C. Section 2921.13 is guilty of falsification, a misdemeanor of the first degree.

Signed,

_____

Signature of Principal Person Printed Name of Principal Person Title

Phone Number: (_____) _____-_____

ACKNOWLEDGMENT CLAUSE

State of Ohio :
: SS.
County of _____ :

Subscribed and sworn to before me this _____ day of _____, 20__ by the above named person who acknowledged his/her voluntary signature to this Application for a Bingo Distributor/Manufacturer License.

_____
Notary Public

SEAL OR
NOTARY STAMP

Commission Expiration Date:

Attachment A – Affidavit of Person Associated with Applicant Distributor or Manufacturer

Each and every officer and partner of Applicant and all other persons who have an ownership interest of ten percent or more must complete this affidavit and submit it with the Application for a Distributor/Manufacturer License. Complete and attach a separate affidavit for each individual.

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1. Name of Applicant: _____

2. Provide the following information for the Officer, Partner or Other Person with an Ownership Interest of ten percent or more in Applicant.

_____
Name, Title, Residence Address Date of Birth

_____
City, State, Zip Code Telephone Number (Daytime) Social Security Number

State of _____ :
: SS.
County of _____ :

I, _____ do solemnly swear or affirm that I am competent to testify to and have personal knowledge of the matters herein and hereby state as follows:

1. I am an □ Officer of / □ Partner of / □ Person with ownership interest of ten percent or more in the entity named above as "Applicant".

2. I □ have / □ have not (check the correct response) been convicted of a felony under the laws of the State of Ohio, another state, or the United States.

3. I □ have / □ have not (check the correct response) been convicted of a gambling offense in any jurisdiction.

4. I hereby provide consent to the State of Ohio to conduct a criminal record background check concerning myself to determine whether to issue a License to the above named Applicant

5. I swear or affirm that the information in this Affidavit is true, accurate and complete, to the best of my knowledge.

Further Affiant Sayeth Not.

_____ _____
Date Signature of Affiant

Subscribed and sworn to before me this _____ day of _____, 20 ___.

_____
Seal or Notary Stamp Notary Public

My commission expires: _____