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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.

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: _____