



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: _____

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).

- | | | |
|------------------------------------|-------------------------------|-------------------------------|
| <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. |

Number of weeks Instant Bingo will be conducted _____

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)**:

- 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:

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.

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).

Name(s)

6. Does the Applicant Own or Lease the Premises N/A organization is entering into an Instant Bingo Fundraising Contract (check one)? If Premises are leased, please complete Part C of this Attachment.

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. Determine the percentage of the total gross receipts generated from bingo and other sources at the Location.

Time period: November 1, 20__ through October 31, 20_____

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

** 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 the previous year. Initial applicants should indicate the Distributors the Applicant will purchase or lease bingo supplies.

Legal Name

Address

License Number

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

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

Part C – Leased Property (Continued)

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:

Part D – Verification and Attestation by the Principal Person

Acknowledgement Clause

State of Ohio :
: SS.
County of _____ :

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.

Signature of Principal Person Printed Name of Principal Person Title

Subscribed and sworn to before me this _____ day of _____, 201__ by the above named person who acknowledged voluntary signature of this Application for a 201__ Charitable Bingo License.

Notary Public

Seal or Notary Stamp

Commission Expiration Date: _____