



**REQUEST TO ADD A TYPE III INSTANT BINGO RETAIL ESTABLISHMENT LOCATION**

**501 C (3) Organizations (ONLY)**

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: \_\_\_\_\_

1. Provide the day(s) of the week and hours that Instant Bingo will be conducted at the Location.

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

3. 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: \_\_\_\_\_

4. 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): \_\_\_\_\_

\_\_\_\_\_

5. Will the *equipment* 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

\_\_\_\_\_

\_\_\_\_\_

6. **Custodian of Bingo Records:** Identify the person who will be responsible for maintaining and having custody of the complete bingo records for this location as required by Ohio Revised Code Section 2915.10:

First/Last Name	Title	Home Address (Street Address, City, State Zip)	Phone Number	Date of Birth

7. **Primary Bingo Game Operator:** In the table below, identify the person or persons who will have overall supervision and management of bingo at this location (primary bingo game operator.) The primary bingo game operator (s) 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. At least one person must assume these responsibilities:

First/Last Name	Title	Home Address (Street Address, City, State Zip)	Phone Number	Date of Birth



