



2014 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. |

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 (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. During the period beginning November 1, 2012 and ending October 31, 2013, 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

** 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 2013. Initial applicants should indicate the Distributors the Applicant will purchase or lease bingo supplies from in 2014.

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:
