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:

<table>
<thead>
<tr>
<th>License #</th>
<th>Jurisdiction</th>
<th>Effective Date</th>
<th>Expiration Date</th>
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If other than a manufacturer or distributor, please provide a brief description: __________________________

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</table>
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: __________________________________________ State: ___ Zip Code: __________
City: ___________________________ State: ___ Zip Code: __________
Jurisdiction: __________________________
Description of Conviction:
________________________________________________________________________________________
________________________________________________________________________________________
Date of Conviction: ___/___/_____
Name: ______________________________________________________ Date of Birth: ___/___/_____
(MM/DD/YYYY)
Residential Address: __________________________________________ State: ___ Zip Code: __________
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: __________________________________________ State: ___ Zip Code: __________
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

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.

<table>
<thead>
<tr>
<th>Name, Title, Residence Address</th>
<th>Date of Birth</th>
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City, State, Zip Code Telephone Number (Daytime) Social Security Number

State of ____________________________:

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: ______________________________