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2014 ATTACHMENT A – TYPE I and TYPE II BINGO LOCATION

Every Applicant seeking a Type I bingo license *or* a Type I and Type II bingo license must complete this form.

Name of Applicant/Charitable Organization: _____

Part A – Type I License – Traditional Bingo

Traditional bingo may be conducted for a maximum of *three sessions* per seven-day period and for not more than *five hours* per session.

1. Provide the day(s) of the week and hours that Applicant seeks to conduct its Traditional Bingo session(s). Each session must start after 10:00 a.m. and conclude by midnight (12:00 a.m.). **If applicant is requesting a festival license only, do not complete #1 and proceed to #2**.

   Day 1: _____ Hours: _____ ___.m. to _____ ___.m.

   Day 2: _____ Hours: _____ ___.m. to _____ ___.m.

   Day 3: _____ Hours: _____ ___.m. to _____ ___.m.

2. **Festival/Event -** Is the Applicant applying for a festival license, or any other event that will last for fewer than four weeks (examples; fish fry, basket bingo, etc.)? If so, specify the **exact day(s), date(s) and time(s)** for these bingo sessions:

   Day: _____ Date: _____ Hours: _____ _____.m. to _____.m.

   Day: _____ Date: _____ Hours: _____ _____.m. to _____.m.

   Day: _____ Date: _____ Hours: _____ _____.m. to _____.m.

3. Provide the street address* of the Premises where Applicant will conduct the bingo sessions:

   _____
   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 Applicant

   * The Premises listed must be in the same County as Applicant's principal place of business.

Part A – Type I License – Traditional Bingo (Continued)

4. Is a liquor permit issued for any part of the Premises where Applicant will conduct 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 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 D of this Attachment.

Part B – Type II License – Instant Bingo conducted at the Traditional Bingo Session

Type II Instant Bingo may be conducted during the licensed hours for Traditional Bingo (see Part A, Question 1) and for a maximum of two hours before and two hours after. If the Traditional Bingo Session (Type I) begins at 10:00 a.m., Type II Instant Bingo may start no earlier than 9:00 a.m. In all other situations, Type II Instant Bingo must start after 10:00 a.m. and conclude by 2:00 a.m. A 501(c)(4) organization that is not a Veterans organization cannot conduct Type II Instant Bingo (refer to Applicant's response to the Bingo Application Part C, Question 1 for the organization type indicated).

Provide the hours that Instant Bingo will be conducted on the day(s) listed in Part A, Question 1.

Day 1: _____ Hours: _____ _____.m. to _____ _____.m.

Day 2: _____ Hours: _____ _____.m. to _____ _____.m.

Day 3: _____ Hours: _____ _____.m. to _____ _____.m.

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)** for these bingo sessions:

Day: _____ Date: _____ Hours: _____ _____.m. to _____.m.

Day: _____ Date: _____ Hours: _____ _____.m. to _____.m.

Day: _____ Date: _____ Hours: _____ _____.m. to _____.m.

Part C – 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

Part C – Distributors, Supplies and Equipment (Continued)

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 D – Leased Property

If Type I or Type I / II bingo sessions 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

3. Rental Amount to be paid according to the lease agreement: $_____ per session. (Enter -0- if no charge.)

Part D – Leased Property (Continued)

4. Is the Lessor a "charitable organization" as defined in Section 2915.01(H) of the Ohio Revised Code?
   ☐ Yes ☐ No

5. Is any individual identified in Attachment C or any security personnel a current or past agent, employee, servant, shareholder, partner, or owner of, or otherwise associated with the Owner or Lessor of the Leased Premises?
   ☐ Yes ☐ No

   If yes, provide each individual's name and describe his or her relationship with the Owner or Lessor of the Leased Premises.

Name	**Relationship**

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 2012 Charitable Bingo License.

_____
Notary Public

Seal or Notary Stamp Commission Expiration Date: _____