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# 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.

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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).

   ☐ Sunday Hours: _____ .m. to _____ .m. Hours: _____ .m. to _____ .m.
   ☐ Monday Hours: _____ .m. to _____ .m. Hours: _____ .m. to _____ .m.
   ☐ Tuesday Hours: _____ .m. to _____ .m. Hours: _____ .m. to _____ .m.
   ☐ Wednesday Hours: _____ .m. to _____ .m. Hours: _____ .m. to _____ .m.
   ☐ Thursday Hours: _____ .m. to _____ .m. Hours: _____ .m. to _____ .m.
   ☐ Friday Hours: _____ .m. to _____ .m. Hours: _____ .m. to _____ .m.
   ☐ 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:

   _____

   _____

   _____

   _____

## 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: _____