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APPLICATION FOR A 2012 CHARITABLE BINGO LICENSE

For Office Use Only:
Date Ck Rec'd: _____
Check #: _____
Amt: _____
Other:

Please read the instructions on the following pages carefully and complete as required. This Application should be used by **all** organizations seeking a charitable bingo license to conduct traditional bingo or instant bingo during any portion of calendar year 2012. This Application, all attachments, all supporting documents and license fee(s) must be delivered to the **Ohio Lottery, Office of Charitable Gaming, 615 W. Superior Avenue, Cleveland, OH 44113-1879**. All renewing applicants must have their application and fees postmarked or submitted by 5:00 p.m. on January 3, 2012. Renewing applicants submitting their application in person after January 3, 2012, or applications that are postmarked after January 3, 2012, are not eligible for a temporary permit and must discontinue bingo activity until the 2012 license is issued. **Bingo license applications for a festival or other special event should be submitted *AT LEAST* sixty days prior to the event, to allow time for processing.**

Part A – Identification of Applicant

1. Applicant: _____
   Provide the complete legal name of the organization applying for this license

2. Applicant's I.R.S. Employer Identification Number (EIN): _____

3. Previous Name of Applicant (if a name change has occurred): _____

4. Address of Principal Place of Business (Do not use a Post Office Box):

   _____
   Street Address City, State, Zip Code County

5. Telephone Number: _____

6. Mailing Address (This is the address to which all correspondence to Applicant will be directed):

   _____
   Street or Post Office Box Address City, State, Zip Code County

7. If previously licensed, provide Applicant's Charitable Bingo License Number: _____

8. Check the appropriate box for Applicant type (refer to page 2 of the enclosed instructions for definitions of each type):
   ☐ Initial Applicant ☐ Previously Licensed, but not last year ☐ Renewal Applicant

Part B – Licenses Requested

1. Are there any changes to days, hours, or location(s) from the previous year's bingo license?
   ☐ Yes ☐ No ☐ N/A

2. 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.)? **NOTE**: A festival application may not be processed in time if this question is answered incorrectly. ☐ Yes ☐ No

If yes, what is the anticipated date of your first festival? _____

Please note there are additional festival questions on Attachments A and/or B.

Part B – Licenses Requested (Continued)

Check each type of Bingo License that Applicant is seeking. Enter the number of weeks during the calendar year that each type of bingo will be conducted. Use the fee schedule in the Instructions to determine the correct fee(s) and provide the fee amount in the space to the right of each type of bingo license.

3. ☐ Mark this box if Applicant wishes to conduct **Type I** - Traditional Bingo
   A. Enter the number of weeks Type I bingo will be conducted during calendar year 2012: _____
   B. Enter the fee amount for Type I bingo session(s) requested in this application: $ _____

4. ☐ Mark this box if Applicant wishes to conduct **Type II** – Instant Bingo
   A. Enter the number of weeks Type II bingo will be conducted during calendar year 2012: _____
   B. Enter the fee amount for Type II bingo session(s) requested in this application: $ _____

5. ☐ Mark this box if Applicant wishes to conduct **Type III** – Instant Bingo
   A. Enter the number of weeks Type III bingo will be conducted during calendar year 2012: _____
   B. Enter the fee amount for Type III bingo session(s) requested in this application: $ _____
   C. 501(c)(3) Applicants must indicate the number of Type III locations requested in this application: _____

6. **Enter Total Fee Submitted** **$ _____**
   Note: Make the check payable to "Treasurer – State of Ohio"

Part C – Applicant's Organizational Information

1. Applicant asserts that it is a charitable organization as indicated by the box it has checked below: (Refer to Sections 2915.01(I)-(Q), (BB)-(DD), and (CCC) of the Ohio Revised Code for definitions of the types of charitable organizations eligible to conduct bingo activity in the State of Ohio.) **Check only one box**.

   ☐ Educational ☐ Volunteer Firefighter ☐ Veteran ☐ Railroad Education ☐ Religious
   ☐ Fraternal ☐ Volunteer Rescue Service ☐ Service ☐ Nonprofit Medical ☐ Sporting
   ☐ Senior Citizen ☐ Youth Athletic Park ☐ Youth Athletic ☐ Amateur Athletic

2. Applicant's I.R.S. tax-exempt status (check only one):
   ☐ 501(c)(3) ☐ 501(c)(4) ☐ 501(c)(7) ☐ 501(c)(8) ☐ 501(c)(10) ☐ 501(c)(19)

3. Is this a Group Exemption? ☐ Yes ☐ No. If "yes", provide the group exemption number: _____

4. Has there been any change to the Applicant's Articles of Incorporation, Charter, or other governing document? (Renewal Applicants only)
   ☐ Yes ☐ No ☐ N/A.
   If "yes," submit the amended information to the Ohio Lottery.

5. Applicant agrees to maintain the bingo records required by ORC Section 2915.10 (A) at the principal place of business or headquarters listed below (as required by ORC Section 2915.10(B)): ☐ Yes ☐ No

_____

Street Address City, State, Zip Code County

Part C – Applicant's Organizational Information (Continued)

6. Provide a description of Applicant's history, record and association that establishes that it is a charitable organization as defined in Sections 2915.01(H), (I)-(Q), (BB)-(DD) or (CCC) of the Ohio Revised Code**. This must be an accurate statement of Applicant's purpose or mission and how that purpose or mission has been accomplished.**

_____

_____

7. Applicant has been in continuous existence as a charitable organization in the State of Ohio since:

_____
Date of origin (month/year)

8. Is Applicant organized as a non-profit: ☐ Corporation or ☐ Other (Association, Society, Order, League, Trust, Fund, Foundation, etc.)? If incorporated, is Applicant in good standing with the Secretary of State? ☐ Yes ☐ No

9. Is Applicant a 501(c)(3) tax-exempt organization that was created by a Veteran's or Fraternal Organization? ☐ Yes ☐ No. If yes, provide (a) the name and address of the Veteran or Fraternal Organization that created Applicant and (b) a description of the relationship and control held by the creating Veteran or Fraternal Organization:

_____

_____

10. Has Applicant ever had a bingo application rejected or refused by the State of Ohio? ☐ Yes ☐ No

11. Has Applicant ever had a bingo license revoked or suspended? ☐ Yes ☐ No

12. Has Applicant ever signed a settlement agreement with the Attorney General's office in regard to a bingo license or application? ☐ Yes ☐ No
If a "yes" response was given to Question #10, #11, or #12 of this Section, provide the year and the reason for the license rejection, rejection, revocation, suspension, or settlement agreement: _____

_____

_____

13. Has Applicant been issued a citation from any law enforcement agency, including the Department of Public Safety, for a gambling violation in the past 10 years? ☐ Yes ☐ No If yes, then provide the name of the law enforcement agency or department, the date and case number of the citation, the charges alleged and the disposition of the case:

_____

_____

_____

_____

Part C – Applicant's Organizational Information (Continued)

14. Provide the names and complete addresses of **all** organizations, including Applicant, who received bingo proceeds for charitable purposes from Applicant's charitable bingo game or instant bingo during bingo year November 1, 2010 through October 31, 2011. For each organization, provide the address, total amount distributed and identify the source (Type I, Type II, Type III bingo or raffles) of the proceeds that were distributed. These organizations and amounts should agree and total the amounts reported on Attachments D and E. If you are an Initial Applicant, mark this question N/A. ☐ N/A

Name of Charitable Organization	Street Address, City, State, Zip Code	Source	Amount

Note: If the space provided is not adequate, use Attachment F to complete the response.

15. Provide the names and complete addresses of all organizations that may receive distributions from Applicant's charitable bingo game, instant bingo or raffles during bingo year November 1, 2011 through October 31, 2012. For each organization, provide the address, estimated percentage that organization will receive and identify the source (Type I, Type II, Type III bingo or raffles) of the proceeds that will be distributed. For 501(c)(4), 501(c)(7), 501(c)(8), 501(c)(10) and 501(c)(19) Veteran, Fraternal and Sporting Organizations applying for a Type III license, please indicate the amounts distributed that are subject to the 75/25 percent distributions and the amounts subject to the 50/45/5 percent distribution.

Name of Charitable Organization	Street Address, City, State, Zip Code	Source	Amount

Note: If the space provided is not adequate, use Attachment F to complete the response.

16. Has any individual listed in Attachment C or any individual listed in response to any other question in this Application ever been convicted of a gambling offense or a felony in any jurisdiction?
☐ Yes ☐ No

If yes, provide the following information:

Individual's Name	Date of Birth	Description of the Offense

Note: If the space provided is not adequate, please complete the response using the space provided in Attachment F.

If no, in the space provided, indicate how you confirmed the individuals were not convicted of a felony or gambling offense.

_____

_____

_____

Part C – Applicant's Organizational Information (Continued)

17. Has any individual listed in Attachment C or any individual listed in response to any other question in this Application volunteered at any other bingo operation during the last five years? ☐ Yes ☐ No
If yes, provide the individual's name and the name and complete address of the other bingo operation.

Name of the Worker | Name and Complete Address of Other Bingo Operations Where the Worker Volunteers

_____

_____

Note: If the space provided is not adequate, please complete the response using the space provided in Attachment F.

18. Advertising Names – List any name used by the Applicant to advertise bingo games or for other purposes:

_____

19. For each of the Applicant's bank accounts where bingo proceeds are deposited, provide the following information (Initial Applicants should use N/A as their response to this question only if accounts have not been opened):

Type of Account | Name of Bank | Address of Bank | Bank Account Number

General Account:_____

Bingo Account: _____

Concession Account: _____

Other:_____

Note: If the space provided is not adequate, please complete the response using the space provided in Attachment F.

20. State the name of the law enforcement agency that has jurisdiction over the bingo game location, the name of the person in charge of the agency, the business address and the non-emergency telephone number. If more than one agency, please use Attachment F.

_____
Name of the Law Enforcement Agency | Person in Charge of the Agency

_____
Street Address, City, State, Zip Code

_____
County | Non-Emergency Telephone Number

Part C – Applicant's Organizational Information (Continued)

21. Will paid security personnel be provided at the bingo session? ☐ Yes ☐ No If yes, provide the name and address of the police agency or private company providing security:

_____

Name of the Police Agency/Private Company Contact Person

_____

Street Address, City, State, Zip Code

_____

County Telephone Number Permit Number

22. Was the November 1, 2011 inventory of all bingo supplies conducted? ☐ Yes ☐ No (Non-Initial Applicants Only)

Part D – Registration and Filing

1. Is Applicant registered with the Attorney General pursuant to Section 1716.02 of the Ohio Revised Code – the Charitable Solicitation Act? ☐ Yes ☐ No

   A. If no, state the exemption in Section 1716.03 that applies to Applicant: _____ and proceed to question 2 below.

   B. If yes, has Applicant filed annual financial reports with, and paid all applicable annual fees to, the Attorney General pursuant to Sections 1716.02 and 1716.04 of the Revised Code? ☐ Yes ☐ No

      B1. If Applicant is not required to file an annual financial report with the Attorney General, state the exemption in R.C. 1716.03 that applies: _____ *(See the Instructions for a list of applicable exemptions.)*

FOR 501(c)(3) APPLICANTS ONLY:

2. Is Applicant registered with the Attorney General pursuant to Ohio Revised Code Section 109.26 - the Charitable Trust Act? ☐ Yes ☐ No

   A. If no, state the exemption in Section 109.26 that applies to Applicant: _____

   B. If yes, has Applicant filed annual financial reports with, and paid all applicable annual fees to, the Attorney General pursuant to Section 109.31 of the Revised Code? ☐ Yes ☐ No

      B1. If Applicant is not required to file an annual financial report with the Attorney General, state the exemption in Section 109.26 or 109.31 that applies: _____ (*See the Instructions for a list of applicable exemptions.)*

Part E – 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: _____

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2012 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 midnight (12:00 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 2011. Initial applicants should indicate the Distributors the Applicant will purchase or lease bingo supplies from in 2012.

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.)

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**

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2012 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).

   ☐ 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, 2010 and ending October 31, 2011, 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 2011. Initial applicants should indicate the Distributors the Applicant will purchase or lease bingo supplies from in 2012.

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:

   _____

   _____

   _____

   _____

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2012 ATTACHMENT C -
BINGO AND CONCESSION WORKERS

All Applicants must complete this Attachment.

Name of Applicant/Charitable Organization: _____

Note: The Birthdates of all individuals must be provided in order for this application to be considered complete.

Record the address for traditional bingo and for each instant bingo location. 501(c)(3) Applicants may be licensed for up to five instant bingo locations while **veteran's, fraternal, and sporting organizations may only sell instant bingo to members and invited guests at one location identified as their own licensed premises.**

Please Type or Print.

Type of Activity	Code	Street Address/City/Zip Code
Traditional Bingo	**TB**	
Instant Bingo – Location 1	**IB-L1**	
Instant Bingo – Location 2	**IB-L2**	
Instant Bingo – Location 3	**IB-L3**	
Instant Bingo – Location 4	**IB-L4**	
Instant Bingo – Location 5	**IB-L5**	

In the table below, identify the person who has the overall responsibility for the operation and control of the organization applying for this bingo license. This person is known as the **principal person** for the organization:

Name	Title	Home Address Street Address, City and Zip Code	Phone Number	Date of Birth
Principal Person				

In the table below, identify the person or persons who will be responsible for maintaining and having custody of the complete bingo records required by Ohio Revised Code Section 2915.10:

Name	Title	Home Address Street Address, City and Zip Code	Phone Number	Date of Birth
Custodian of Bingo Game Records				
Custodian of Bingo Game Records				

In the table below, identify the person or persons who will have overall supervision and management of bingo (primary bingo game operator) conducted at each and every location and who 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. Attach additional copies of table if needed. **At least one person must assume these responsibilities.**

Name	Title	Home Address Street Address, City and Zip Code	Phone Number	Date of Birth	Bingo Location Code
Primary Bingo Game Operator					
Primary Bingo Game Operator					
Primary Bingo Game Operator					
Primary Bingo Game Operator					

Final: 09/30//11

In the table below, identify each and every director, trustee and officer of Applicant organization:

Name	**Title**	**Home Address** Street Address, City and Zip Code	**Phone Number**	**Date of Birth**

Final: 09/30//11

In the table below, identify each and every person who will assist or work in the operation of bingo (Type I, Type II and Type III) conducted at any location; and each and every person who will assist or work in the operation of concessions at any traditional bingo sessions:

Name	**Title**	**Home Address** Street Address, City and Zip Code	**Phone Number**	**Date of Birth**	**Bingo Location Code(s)**

Final: 09/30//11

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2012 ATTACHMENT D-1

This Attachment is to be completed by all **RENEWAL** 501(c)(3) Organizations and 501(c)(4) non-Veteran, non-Fraternal, and non-Sporting Organizations that were licensed for Type I, II, and/or III Bingo

Income Statement (November 1, 2010 - October 31, 2011)
For All Bingo--Types I, II, and/or III and All Raffles

This form is NOT applicable to "INITIAL" and "PREVIOUSLY LICENSED BUT NOT LAST YEAR" Applicants

Name of Applicant/Charitable Organization: _____

Total number of bingo sessions: _____ Average attendance per session: _____

Type I - Traditional Bingo and All Raffles

Revenues

1	Type I--Traditional Bingo	$
2	Raffles	
3	Supplies Income	
4	Other (Include listing of other revenues on Attachment F)	
5	**Total Revenues** (add lines 1-4)	$

Expenses

6	Traditional Bingo Prizes	$
7	Raffle Prizes	
8	License Fee--Type I ($200 max.)	
9	Rent/Consideration (circle one)	
10	Security	
11	Bingo Advertising	
12	Electronic Bingo Aids	
13	Bingo Supplies (See 2915.01(EE))	
14	Bingo Equipment	
15	Tables/Chairs	
16	Audit/Accounting Services	
17	Safes/Cash Registers	
18	Bank Fees	
19	Property Taxes	
20	Facilities Maintenance/Operation	
21	**Total Expenses** (add lines 6 through 20)	$
22	**Total Proceeds from Type I Bingo and All** (Subtract line 21 from line 5)	$

Type II and Type III Instant Bingo

Total Type II

23	Instant Bingo Gross Receipts	$
24	Less: Instant Bingo Prizes	
25	Instant Bingo Gross Profit	
26	Less: Cost of Instant Tickets	
27	Net Profit from the proceeds of the sale of instant bingo**	$

Total Type III (For All Locations*)

28	Instant Bingo Gross Receipts	$
29	Less: Instant Bingo Prizes	
30	Instant Bingo Gross Profit	
31	Less: Cost of Instant Tickets	
32	Net Profit from the proceeds of the sale of instant bingo**	$

*If more than one Type III location, please complete Attachment E-1

The organization must distribute one hundred percent of the net profit from the proceeds of the sale of instant bingo to an organization described in division (Z)(1) of section 2915.01 of the Ohio Revised Code or to a department or agency of the federal government, the state, or any political subdivision. **No portion of net profit from the proceeds of the sale of instant bingo may be used to pay any direct or indirect costs related to the instant bingo game.

Concession Income Calculation

Concession Revenues	$
Concession Expenses	$
Net Concessions	$

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2012 ATTACHMENT D-2

This Attachment is to be completed ***ONLY*** by ***RENEWAL*** 501(c)(4), 501(c)(7), 501(c)(8), 501(c)(10), and 501(c)(19) Veteran's, Fraternal and Sporting Organizations

Income Statement (November 1, 2010 - October 31, 2011)
Type I--Traditional Bingo

This form is NOT applicable to "INITIAL" and "PREVIOUSLY LICENSED BUT NOT LAST YEAR" Applicants

Name of Applicant/Charitable Organization: _____

Total number of bingo sessions: _____ Average attendance per session: _____

Type I - Traditional Bingo

Revenues

1	Type I--Traditional Bingo	$
2	Supplies Income	
3	Other (Include listing of other revenues on Attachment F)	
4	**Total Revenues** (add lines 1 through 4)	$

Expenses

5	Traditional Bingo Prizes	$
6	License Fee--Type I ($200 maximum)	
7	Rent/Consideration (circle one)	
8	Security	
9	Bingo Advertising	
10	Electronic Bingo Aids	
11	Bingo Supplies (see 2915.01 (EE))	
12	Bingo Equipment	
13	Tables/Chairs	
14	Audit/Accounting Services	
15	Safes/Cash Registers	
16	Bank Fees - only list here if *NOT* deducted on Attachment E-2	
17	Property Taxes - only list here if *NOT* deducted on Attachment E-2	
18	Facilities Maintenance/Operation	
19	**Total Expenses** (add lines 5 through 18)	$
20	**Total Proceeds from Type I Bingo and All Raffles** (Subtract line 19 from line 4)	$

Concession Income Calculation

Concession Revenues	$
Concession Expenses	$
Net Concessions	$

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2012 ATTACHMENT E-1

This Attachment is to be completed by all **RENEWAL** 501(c)(3) Organizations
that were licensed for Type III Bingo

Type III Instant Bingo Location Information (November 1, 2010 - October 31, 2011)

This form is NOT applicable to "INITIAL" and "PREVIOUSLY LICENSED BUT NOT LAST YEAR" Applicants

Name of Applicant/Charitable Organization: _____

Location 1 Address: _____

1 Gross Receipts _____

2 Instant Prizes _____

3 Gross Profit _____

4 Type III Cost of Instant Tickets _____

5 Net Profit from the proceeds of the sale of instant bingo (as defined in 2915.01(WW)) _____

Location 2 Address: _____

1 Gross Receipts _____

2 Instant Prizes _____

3 Gross Profit _____

4 Type III Cost of Instant Tickets _____

5 Net Profit from the proceeds of the sale of instant bingo (as defined in 2915.01(WW)) _____

Location 3 Address: _____

1 Gross Receipts _____

2 Instant Prizes _____

3 Gross Profit _____

4 Type III Cost of Instant Tickets _____

5 Net Profit from the proceeds of the sale of instant bingo (as defined in 2915.01(WW)) _____

Location 4 Address: _____

1 Gross Receipts _____

2 Instant Prizes _____

3 Gross Profit _____

4 Type III Cost of Instant Tickets _____

5 Net Profit from the proceeds of the sale of instant bingo (as defined in 2915.01(WW)) _____

Location 5 Address: _____

1 Gross Receipts _____

2 Instant Prizes _____

3 Gross Profit _____

4 Type III Cost of Instant Tickets _____

5 Net Profit from the proceeds of the sale of instant bingo (as defined in 2915.01(WW)) _____

TOTAL ALL TYPE III LOCATION INCOME

*1 Gross Receipts _____

*2 Instant Prizes _____

*3 Gross Profit _____

*4 Type III Cost of Instant Tickets _____

*5 Net Profit from the proceeds of the sale of instant bingo (as defined in 2915.01(WW)) _____

* - Amounts should agree to amounts reported on Attachment D-1 (Lines 28-32)

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2012 ATTACHMENT E-2

This Attachment is to be completed **ONLY** by **RENEWAL** 501(c)(4), 501(c)(7), 501(c)(8), 501(c)(10), and 501(c)(19) Veteran's, Fraternal, and Sporting Organizations

Instant Bingo Distribution (November 1, 2010 - October 31, 2011)
Type II and Type III Instant Bingo Net Profit Distribution

This form is NOT applicable to "INITIAL" and "PREVIOUSLY LICENSED BUT NOT LAST YEAR" Applicants

Name of Applicant/Charitable Organization:_____

Calculation of Net Profit

		Type II	Type III
A	Instant Bingo Gross Receipts	$	$
B	Less: Instant Bingo Prizes	$	$
C	Instant Bingo Gross Profit	$	$
D	Less: Cost of Instant Bingo Tickets	$	$
E	Less: Costs for Instant Bingo Ticket Dispenser(s)	$	$
F	Less: Bingo Account Bank Fees (Type I Bingo Account Bank Fees may be listed in the Type II column only if not deducted on Attachment D-2)	$	$
G	Less: Previous Years' Bingo License Fees (Type II and/or Type III only)	$	$
H	Net Profit from the proceeds of the sale of instant bingo (as defined in 2915.01 (WW))	$	$
I	Total Type II/III Net Profit (add Line H for Type II to Line H for Type III):		$

Calculation of Net Profit Amount Exceeding $250,000

J	Enter Amount of Total Net Profit (from Line I) or $250,000 (whichever is less)	$
K	Remaining Net Profit amount subject to 50/45/5 percent distribution per ORC 2915.101 (A)(1)(b) (subtract Line J from Line I). This amount is to be used in the 50/45/5 percent distribution on page 2 of Attachment E-2. Note: If amount is negative, do not complete page 2 of Attachment E-2.	$

(I) Distributions for Amounts indicated in Line J above.

(1) Calculation of the amount to be distributed for Organization's Instant Bingo Expenses for 75% of the first $250,000

Enter 75% of Line J (multiply amount on Line J by 0.75): **$**

Total distributions in this section cannot exceed this amount.

Allowable expenses (Do not include cost of expenses already listed above)	Expense Amount
Bank Fees/Service Charges (if *NOT* deducted on Line F above)	$
Audit/Accounting Services	$
Safes/Cash Registers	$
Security Personnel	$
Bingo Advertising	$
Tables/Chairs	$
Property Taxes (only list here if *NOT* deducted on Attachment D-2)	$
Maintenance/Operating Expenses as described in 2915.01(LL)(11)*	$
	Total Expense Amounts: $

*Cannot be used to pay any portion of salary for any employee who sells instant bingo tickets or who prepares, sells, or serves food or beverages at an instant bingo game

If you have exceeded the allowable 75%, please use Attachment F to provide an explanation.

2012 ATTACHMENT E-2 (CONTINUED)

This Attachment to be completed *ONLY* by *RENEWAL* 501(c)(4), 501(c)(7), 501(c)(8), 501(c)(10), and 501(c)(19) Veteran's, Fraternal, and Sporting Organizations

Instant Bingo Distribution (November 1, 2010 - October 31, 2011)
Type II and Type III Instant Bingo Net Profit Distribution Exceeding $250,000

Note: All distributions, including payment of expenses and/or distribution to organization's general fund, must be paid by check from the bingo account.

(I) Distributions for Amounts indicated in Line J on page 1 *(continued)* :

(2) Calculation of the amount to be distributed to 501(c)(3) organizations per ORC 2915.101(A)(1)(a) for the remaining 25% of the first $250,000

Enter 25% of Line J (multiply Line J by 0.25) $ _____

Total distributions in this section must equal or exceed this amount.

Name of Organization	Distribution Amount
	$
	$
	$

Attach additional sheet if necessary — Total Amount Distributed: $ _____

If you have NOT met the 25% distribution requirement, please use Attachment F to provide an explanation.

(II) Distributions for Amounts indicated in Line K on page 1.

(1) Distributions to qualifying 501(c)(3) organizations or governmental units per contract

Enter 50% of Line K from page 1 (multiply amount on Line K by 0.50): $ _____

Total distributions in this section must equal or exceed this amount.

Name of Organization	Distribution Amount
	$
	$
	$

Attach additional sheet if necessary — Total Amount Distributed: $ _____

If you have NOT met the 50% distribution requirement, please use Attachment F to provide an explanation.

(2) Distributions for Organization's Charitable Purposes

Enter 5% of Line K from page 1 (multiply amount on Line K by 0.05): $ _____

Total distributions in this section cannot exceed this amount

Name of Charitable Recipient/Charitable Activity	Distribution Amount
	$
	$
	$

Attach additional sheet if necessary — Total Amount Distributed: $ _____

If you have NOT met the 5% distribution requirement, please use Attachment F to provide an explanation.

(3) Distributions for Organization's Instant Bingo Expenses

Enter 45% of Line K from page 1 (multiply amount on Line K by 0.45): $ _____

Total distributions in this section cannot exceed this amount. These expenses can not be for the same amounts deducted as part of the 75% of the first $250,000 above.

Allowable expenses (Do not include cost of expenses already listed above)	Expense Amount
Bank Fees/Service Charges (if not deducted on Line F above)	$
Audit/Accounting Services	$
Safes/Cash Registers	$
Security Personnel	$
Bingo Advertising	$
Tables/Chairs	$
Property Taxes (only list here if *NOT* deducted on Attachment D-2)	$
Maintenance/Operating Expenses as described in 2915.01(LL)(11)*	$

*Cannot be used to pay any portion of salary for any employee who sells instant bingo tickets or who prepares, sells, or serves food or beverages at an instant bingo game

Total Expense Amounts: $ _____

If you have exceeded the allowable 45%, please use Attachment F to provide an explanation.

Total of all distributions from Section (II) numbers (1), (2), and (3) above. $ _____

Must equal the amount reported in Line K on page 1.

Distribution amounts reported in (II) and (III) above should agree to the amounts reported in Part C Question 14 of the Application.

This form is NOT applicable to "INITIAL" and "PREVIOUSLY LICENSED BUT NOT LAST YEAR" Applicants

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2012 ATTACHMENT F
ADDITIONAL INFORMATION

Name of Applicant/Charitable Organization: _____

Please use this attachment to provide complete information where the space in the application or the attachments was not adequate.

Page Number and Question Number on *Application*	Page Number and Question Number on *Attachment* (Please Identify the Attachment Being Referenced)	Response or Description Be sure to include all information that appears in the question.