



Division of Charitable Gaming

BC-2 Application for Bingo License

Instructions: Please file three signed copies with municipality.

BINGO IDENTIFICATION NUMBER: \_\_\_\_\_ MUNICIPALITY: \_\_\_\_\_

PART A. GENERAL

1. Name of Organization: \_\_\_\_\_

2. Street Address of Organization:

Street Address City/Town/Village Zip Code

3. Has applicant ever been denied a bingo license? Yes No If "yes", why?

4. Check type of organization and, if applicable, give the State and date of incorporation.

Corporation State Incorporated Date
Incorporated Association State Incorporated Date
Unincorporated Association State Incorporated Date
Individual State Incorporated Date

5. Did your corporate status change since your identification number was assigned? Yes No

6. Are you doing business under a trade name? Yes No If "yes", under what name?

PART B. LOCATION OF GAMES

7. Address where bingo games are to be conducted.

Street Address City/Town/Village Zip Code

8. Name and address of authorized games of chance lessor or authorized organization renting premises to applicant:

Name Street Address City/Town/Village Zip Code

9. Does the applicant own the premises? Yes No

10. Capacity for public assembly of premises presently owned or occupied.

11. Have premises been regularly used? Yes No If "yes", how long?
Has bingo ever been played on these premises? Yes No

12. Are the premises or any part thereof where bingo is to be played licensed by the State Liquor Authority?  
\_\_\_\_ Yes \_\_\_\_ No If "yes", state the type of license and number \_\_\_\_\_

13. Has such license ever been revoked or suspended? \_\_\_\_ Yes \_\_\_\_ No If "yes", explain why.  
\_\_\_\_\_

**PART C. PURPOSE OF GAMES**

14. State the specific purposes for which the entire net proceeds are to be devoted and in what manner.  
\_\_\_\_\_

I swear (or affirm):

1. That ALL the attached Schedules are a material part hereof and are incorporated herein as if set out in full in the application. All the answers contained in this application are a material part hereof.
2. That the entire net proceeds of all games of chance shall be devoted exclusively to one or more of the "lawful purposes" as defined in the Bingo Licensing Law and the Rules and Regulations of the NYS Gaming Commission.
3. That for each license period for which a license is sought, one or more of the active members under whose supervision the games are to held, operated and conducted, who is familiar with the Bingo Licensing Law, the Rules and Regulations of the NYS Gaming Commission and local licensing ordinances or laws, will be present at all times, in charge and primarily responsible for the conduct of the games.
4. That the undersigned will be responsible for the holding, operation and conduct of all bingo games in accordance with terms of the license, the provisions of the Bingo Licensing Law, the Rules and Regulations of the NYS Gaming Commission and with the provisions of the local licensing ordinances or laws.
5. That the undersigned has read and is familiar with the provisions of the Games of Chance Licensing Law, the Rules and Regulations of the NYS Gaming Commission, and the local licensing ordinances or laws.
6. That no prize greater in amount or retail value than \$1,000 will be awarded in any single game, and that the aggregate of all prizes given in all games conducted on a single occasion, excluding "early bird" prizes, will not exceed the sum or retail value of \$3,000.
7. That no commissions, salary, compensation, reward or recompense will be paid to any person for holding or assisting in the operating or conducting of the games, except to bookkeepers or accountants for professional service in an amount not exceeding that fixed by the NYS Gaming Commission.

\_\_\_\_\_  
*Signature of Head of Organization*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Print Title*

\_\_\_\_\_  
*Date*

\_\_\_\_\_ being duly sworn and says that he/she is the person above named, that  
(Print Name of Applicant)  
he/she has read the foregoing statement and the answer therein noted, and that such answers are true and that he/she has personally affixed his/her signature to this affidavit.

**NOTARY STAMP**

Sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Signature of Notary Public)



Division of Charitable Gaming

BC-2A Application for Bingo License

Name of Organization: \_\_\_\_\_

Bingo Identification Number: \_\_\_\_\_ Date: \_\_\_\_\_

SCHEDULE 1: OFFICERS AND DIRECTORS

List names, addresses and dates of birth of all officers.
If organization is a corporation, or an incorporated or unincorporated association, list officers and directors.

Table with 6 columns: TITLE, NAME, DATE OF BIRTH, ADDRESS, CITY, ZIP. Includes 7 rows of blank lines for data entry.

Attach additional sheet if necessary

SCHEDULE 2: MEMBERS IN CHARGE OF GAMES
(ALL MEMBERS IN CHARGE OF GAMES MUST BE MEMBERS OF APPLICANT ORGANIZATION)

Table with 6 columns: NAME, YEARS OF MEMBERSHIP, DATE OF BIRTH, ADDRESS, CITY, ZIP. Includes 7 rows of blank lines for data entry.

**SCHEDULE 3: AUXILIARY/AFFILIATE ORGANIZATIONS ASSISTING AT GAMES**  
 (MAXIMUM OF 2 AUXILIARIES/AFFILIATES. EACH AUXILIARY/AFFILIATE LISTED MUST HAVE ITS OWN ID NUMBER)

NAME OF AUXILIARY/AFFILIATE	BINGO ID NUMBER
_____	_____
_____	_____

**SCHEDULE 4: ASSISTANTS TO MEMBERS IN CHARGE OF GAMES**  
 List all members of applicant organization and members of authorized affiliates and auxiliary who will assist with games.

MEMBER NAME	YEARS OF MEMBERSHIP	DATE OF BIRTH	ADDRESS	CITY	ZIP
_____	/ /	/ /	_____	_____	_____
_____	/ /	/ /	_____	_____	_____
_____	/ /	/ /	_____	_____	_____
_____	/ /	/ /	_____	_____	_____
_____	/ /	/ /	_____	_____	_____
_____	/ /	/ /	_____	_____	_____
_____	/ /	/ /	_____	_____	_____
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_____	/ /	/ /	_____	_____	_____
_____	/ /	/ /	_____	_____	_____
_____	/ /	/ /	_____	_____	_____
_____	/ /	/ /	_____	_____	_____
_____	/ /	/ /	_____	_____	_____
_____	/ /	/ /	_____	_____	_____

Attach additional sheet if necessary



## Division of Charitable Gaming

### BC-2B Application for Bingo License

Name of Organization: \_\_\_\_\_

Bingo Identification Number: \_\_\_\_\_ Date: \_\_\_\_\_

**SCHEDULE 5: DATES, HOURS AND RENT OF GAMES** (List dates and hours when games are to be held)

DATE	HOURS	RENT
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____
___/___/___	_____ am/pm - _____ am/pm	\$ _____

**SCHEDULE 6:**

**PRIZES**

Describe all prizes to be awarded at all games listed in Schedule 5. If prize is donated, so indicate and estimate its retail value.

DESCRIPTION OF PRIZE (If paid in cash, write "CASH".)	RETAIL VALUE OF PRIZE	COST TO LICENSEE
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

**SCHEDULE 7:**

**EXPENSES**

List items of expense to be incurred, and the names and addresses of vendors.

ITEM OF EXPENSE	VENDOR NAME	ADDRESS	CITY	ZIP
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____