

Missouri Gaming Commission Charitable Games Division P. O. Box 1847 Jefferson City, MO 65102

IMPORTANT INFORMATION - PLEASE READ

Dear Bingo License Applicant:

Enclosed is a Missouri Bingo License Application. Before completing the application form, please read the following information carefully to determine if your organization qualifies for a bingo license.

PLEASE NOTE: EFFECTIVE JANUARY 1, 1995, NO RENTED OR REUSABLE (HARD CARDS) BINGO CARDS MAY BE USED TO CONDUCT ANY GAME. ALL GAMES MUST BE CONDUCTED WITH DISPOSABLE PAPER CARDS THAT ARE MARKED BY PERMANENT INK.

To qualify for a bingo license, you must be one of the following not-for-profit organizations. Also, you must have obtained an exemption from the payment of federal income taxes, as provided in the appropriate section of the Internal Revenue Code of 1954, as indicated below.

- 1. **Charitable** 501(c)(3)
- 2. **Fraternal** 501(c)(5), 501(c)(8), or 501(c)(10)
- 3. **Religious** 501(c)(3) or 501(d)
- 4. **Service** 501(c)(4), 501(c)(5), or 501(c)(7)
- 5. **Veterans** 501(c)(19)

The Missouri Bingo License Application, Form 100, must be completed in its entirety and must be signed by the PRESIDENT and SECRETARY of the organization. Please refer to the application for instructions and additional attachments required.

Please forward the completed application and applicable documentation to the Missouri Gaming Commission, Charitable Games Division, P. O. Box 1847, Jefferson City, MO 65102. If you have questions, please call 573-526-5370 or toll free in Missouri at 1-866-801-8643, FAX 573-526-5374. You may also visit our web site at www.mgc.dps.mo.gov.

ILLEGAL GAMBLING DEVICES

In keeping with the Missouri Gaming Commission's emphasis on providing clear expectations to all bingo licensees, we must remind you that possessing, using and/or allowing other individuals to use or store gambling devices on the bingo premises is a serious violation of the law. Section 572.070 RSMo, 2000 provides that a person commits the crime of possession of a gambling device if, with knowledge of the character thereof, he manufactures, sells, transports, places or possesses, or conducts or negotiates any transaction affecting or designed to affect ownership, custody or use of: (1) A slot machine; or (2) Any other gambling device, knowing or having reason to believe that it is to be used in the state of Missouri in the advancement of unlawful gambling activity. Possession of a gambling device is a class A misdemeanor.

Gambling devices carry various name brands. In general terms, these gambling devices are what we commonly know as "no-chance," prereveal, video poker or slot machines. You should not be misled by any distributor's assurances about the legality of these machines, or labels that state "For Amusement Only". Basically, a gambling device is any device for which there is a cost to play and an opportunity for winning cash or anything that has, or can be converted to tangible value. If any illegal gambling devices are ever found anywhere on the premises of any licensee, the organization could incur suspensions, fines, or revocation of their license. Note that premises as used in this notice include the entire structure within which the bingo hall is located.

If you have any questions or doubts about the legality of any machines, please call the Missouri Gaming Commission, Enforcement Section of the Charitable Games Division at 573-526-5370, or toll free in Missouri 1-866-801-8643 for clarification.



MISSOURI GAMING COMMISSION CHARITABLE GAMES DIVISION, PO BOX 1847, JEFFERSON CITY, MO 65102, TELEPHONE: (573) 526-5370 IN-STATE TOLL FREE 1-866-801-8643, FAX: (573) 526-5374

FORM **100** (REV. 12-18)

PLEASE TYPE OR PRINT LEGIBLY
POSTMARK EFFECTIVE DATE EX

EXPIRATION DATE

MISSOURI BINGO LICENSE APPLICATION • PLEASE PRINT OR TYPE ALL RESPONSES ANSWER ALL QUESTIONS • DO NOT WRITE IN SHADED AREAS INCOMPLETE APPLICATIONS WILL BE RETURNED. ALLOW 4-6 WEEKS TO PROCESS. TYPE OR PRINT USING BLACK INK TYPE OF APPLICATION (CHECK THE APPLICABLE BOX) 1a. IF YOUR ORGANIZATION PREVIOUSLY HELD A BINGO LICENSE OF ANY TYPE PROVIDE THE LICENSE NUMBER PREVIOUSLY ISSUED REGULAR ANNUAL LICENSE - \$50.00 FEE SPECIAL BINGO AND PULL-TAB LICENSE - \$25.00 FEE 2. TYPE OF ORGANIZATION RELIGIOUS VETERAN FRATERNAL CHARITABLE SERVICE OTHER 3. IRS EXEMPTION CODE (ATTACHMENT REQUIRED) 501(C)8 501(C)7 501(C)10 501(C)19 501(D) 501(C)4 501(C)5 4. ORGANIZATION NAME FEIN NUMBER ADDRESS WHERE BINGO CORRESPONDENCE SHOULD BE MAILED ORGANIZATION TELEPHONE NUMBER CITY STATE ZIP CODE COUNTY 5. ORGANIZATION'S PHYSICAL LOCATION, I.E. STREET ADDRESS, HIGHWAY NUMBER, ETC. DO NOT USE A P.O. BOX OR RURAL ROUTE. STATE ZIP CODE 6. How long has applicant organization been in existence? 7. If not incorporated, state how and when organized. __ 7a. If the organization is incorporated, indicate place and date of incorporation. Also, attach a copy of the organization's Certificate of Corporate Good Standing and Articles of Incorporation from the MO Secretary of State's Office. If incorporated through the County Court, please attach a copy of the Pro Forma Decree of Incorporation. 8. Has your organization had twenty or more bona fide members for each of the previous five years? (Attach proof of twenty members.) 9. Physical location(s) where the bingo game(s) will be conducted, i.e.: Street Address, Highway Number, etc. Do not use a P.O. Box or Rural Route ___ Complete and attach Schedule B, if applying for a regular bingo license. Will bingo games be conducted on premises owned by the applicant organization?

YES

NO If no, provide a premises lease agreement signed by an officer of the organization and an officer of the Hall Provider. Also, indicate the Hall Provider's License Number ___ 10. Please indicate below if the bingo games will be conducted with equipment owned or co-owned by the applicant organization or leased from a licensed supplier or manufacturer. Owned - If purchasing new equipment, attach a copy of a purchase agreement with the licensed supplier. Co-owned - If co-owned, a co-ownership of bingo equipment agreement must be attached and signed by all co-owners. Leased - If leased, a lease agreement must be attached and signed by an officer of your organization and the licensed supplier. 11. Day of week, day sequence and time bingo is to be conducted: Day of week ______ Time ____ Time ____ AM PM Day Sequence:

Every Alternate Other 11a. Second day of week, day sequence and time bingo is to be conducted: Day of week ______ Time ____ DAM PM Day Sequence:

Every

Alternate

Other 12. Indicate the exact time of day your organization's paper and pull-tab sales will begin at each bingo session, if applying for a regular bingo license. First day of week_____ AM ____ PM Second day of week ____ AM ___ PM 13.If applying for a Special Bingo License, state date _____ Time ____ AM Name of event Do you intend to play a Progressive Game at this event? (See instructions) \square YES \square NO 14. Has your organization ever had any previous bingo application refused, revoked or suspended? \square YES \square NO If yes, what was your bingo license number _____ 15. Describe the purpose for which bingo proceeds will be used in detail ______ 16. License number of your bingo supplier(s)

17.	Indicate if elec	stronic bingo card monitoring device	es will be available	to the playe	rs. 🗌 YES	□ NO	
	If so, please in	ndicate the name or license numbe	er of the supplier pr	oviding the d	evices.		
18.	Provide the name, address and daytime telephone number of the person(s) authorized to receive service of legal papers and commission documents of behalf of the organization. This individual(s) must also be required to notify the Commission as to any changes in the application or organization.						
	Name			Street			
	City		State	Zip Code _	D	aytime Telephone	
19.	Provide the na	ıme, address and daytime telephor	ne number of the b	ingo chairpei	rson.		
	Name			Street			
	City		State	Zip Code _	D	aytime Telephone	
20.	Provide a copy	y of your organization's bingo gam	e sheet and house	rules, if app	lying for a regula	ar bingo license.	
21.	Complete Sch	edule A and attach to application.					
the with che	Commission or a bookkeepe cking and savii	evocation. Further, the organization its agents to examine and secur. The organization authorizes the ngs accounts, deposit and withdrawequested could result in the immediate and sequested could result in the immediate.	e copies of any re Commission to sec wal records and an	ecords or do cure copies on y other finan	cuments in conne of financial record cial records estab	ection with its bingo game, to s to include, but not limited to lished in connection with the o	include those on file , signature cards,
SIGN	NATURE OF PRESII	DENT	DAYTIME TELEPHONE	SIG	NATURE OF SECRETA	RY	DAYTIME TELEPHONE
WA	ARNING						
арр	lication and/or	st be answered fully, accurately and license. When information is unkr ot true or not disclosed, which bed	nown, so indicate.	You must ma	ake a reasonable	inquiry to determine the answ	vers to all questions. Any
		ON USE ONLY				MAIL APPLICATION AND SUPPO	RTING DOCUMENTS TO
APP	LICATION IS	COMMENTS	LICENSE NO.	CHECK NO.	LICENSE FEE	MISSOURI GAMING COM	IMISSION
	APPROVED	SIGNATURE			DATE	CHARITABLE GAMES DI PO BOX 1847	VISION
Ш	DISAPPROVED					JEFFERSON CITY, MO 65	5102

MO 858-0004 (12-18)

MISSOURI BINGO LICENSE APPLICATION INSTRUCTIONS

- Line 1. Place an "X" in the box beside the type of application for which your organization is applying.
- Line 1a. If your organization previously held a bingo license of any type, provide the license number previously issued in the space provided.
- NOTE: Regular Annual License This should be requested if your organization intends to hold a bingo game on a regular basis (up to two events per week) during the year. Attach \$50.00 license fee.

Special Bingo and Pull-Tab License - This license should be requested if your organization intends to hold a bingo game, at which pull-tabs may be sold during an event such as a fair, picnic, festival or celebration, not exceeding one week and which is held not more than once annually. Attach \$25.00 license fee.

- Line 2. Place an "X" in the box beside the type of organization requesting license.
- Line 3. Place an "X" in the box beside the code that denotes the IRS exemption from payment of federal income tax. Attach a copy of the document from the Internal Revenue Service which attests to your exempt status. (note: Not required if previously submitted to the Commission.)
- Line 4. Enter the name, mailing address and telephone number of the organization, and federal identification number.
- Line 5. Enter the organization's physical location, i.e. street address, highway number, county road number, etc. do not use a p.o. box or rural route.
- Line 6. Enter the length of time your organization has been in existence. Provide proof that your organization has been in continuous existence within this state for each of the past five (5) years, i.e. a copy of one (1) bank statement per year for the last five (5) years, a copy of one (1) church bulletin for each of the past five (5) years, etc. (note: Proof is not required if previously submitted to the Commission.)
- Line 7. If the organization is not a corporation, enter how and when organized in the space provided.
- Line 7a. If the organization **is** incorporated, indicate the place and date of incorporation in the space provided. Also, attach a copy of the organization's Certificate of Corporate Good Standing **and** Articles of Incorporation from the Missouri Secretary of State's Office. If incorporated through the County Court, please attach a copy of the Pro Forma Decree of Incorporation. (note: Attachments not required if previously submitted to the Commission.)
- Line 8. Place an "X" in the space provided for the correct response. Attach a copy of a membership roster which includes the date of membership, and contains at least twenty individuals who have been members for the previous five years. (Proof is not required if previously submitted to the Commission.)
- Line 9. Enter the exact physical location(s) in enough detail to easily locate where the bingo game(s) will be held. Place an "X" in the space provided for the correct response. If response is NO, the hall provider's license number(s) must be provided, along with a copy of the signed premises lease agreement(s) between the hall provider(s) and the organization. Complete the Schedule B, **if applying for a regular bingo license**.
- Line 10. Place an "X" in the space provided for the correct response. If bingo equipment is owned, attach a purchase agreement or statement explaining how the equipment was obtained. If bingo equipment is co-owned, attach a co-ownership of bingo equipment agreement, which must be signed by all co-owners. If bingo equipment is leased, please attach a signed lease agreement between the licensed supplier and your organization.
- Line 11. Enter the day of week, day sequence and time bingo is to be conducted.
- Line 11a. Enter second day of the week, if your organization intends to hold a second bingo in the same week.
- Line 12. Place the exact time of day in the space provided. If this is the same time of your bingo game, please explain. This cannot exceed three (3) hours prior to the start of the first game of bingo and pull-tabs may not be sold prior to 7:00 a.m.
- Line 13. Enter the date and name of event for Special Bingo License. If you currently hold a regular bingo license number beginning with B-, and you are applying for a special event license, you may conduct your progressive game at the special event if approved by the Commission. If you answer yes: 1. The special event must be open to the public. 2. You must announce at your regular weekly bingo occasions that the progressive game will be played at the special event including the date and time of the event. 3. You must submit a copy of your Progressive Bingo Game Activity Report for the current quarter with your Special License Application.
- Line 14. Place an "X" in the space provided for the correct response. If YES, provide your previous bingo or abbreviated pull-tab license number.
- Line 15. Describe in detail the purpose for which bingo proceeds will be used.
- Line 16. Provide your bingo supplier(s) license number.
- Line 17. Place an "X" in the space provided for the correct response. If YES, provide the name or license number of the bingo supplier.
- Line 18. Enter the name, address and daytime telephone number of the person(s) authorized to receive service of legal papers and commission documents on behalf of the organization. Attach an additional sheet, if necessary.
- Line 19. Enter the name, address and daytime telephone number of the bingo chairperson who shall be responsible for the overall supervision, management and conduct of the bingo activities, pursuant to Bingo Rule 11 CSR 45-30.130.
- Line 20. Attach a copy of your organization's bingo game sheet and house rules, pursuant to Bingo Rule 11 CSR 45-30.150. The house rules should contain information regarding the cost of bingo cards or opportunities or other information desired by the licensee, which clearly explain how players are awarded prizes for bingo and pull-tabs.
- Line 21. Attach completed Schedule A. For individuals being submitted for the first time, include a copy of the individual's driver license or state-issued ID.

The Bingo License Application must be signed by the President and Secretary of the applicant organization.

THE FOLLOWING MUST BE SUBMITTED WITH BINGO APPLICATIONS

- 1. Check or money order in the applicable amount indicated in Line 1 (\$25.00, \$50.00) made payable to the Missouri Gaming Commission.
- 2. Proof of bingo checking account, i.e. voided check or letter from the bank. (Not required by holder of a Special License, **unless** the organization obtains more than three (3) bingo licenses annually or if previously submitted to the Commission.)
- 3. All governing instruments of your organization, including, but not limited to, the following: Certificate of Corporate Good Standing and Articles of Incorporation, Constitution and By-Laws, Articles of Agreement. (NOTE: Not required if previously submitted to the Commission.)

MAIL COMPLETED APPLICATION FORM AND REQUIRED ATTACHMENTS TO:

MISSOURI GAMING COMMISSION, CHARITABLE GAMES DIVISION PO BOX 1847 JEFFERSON CITY, MO 65102

MO 858-0004 (12-18) Rev. 07/18/2023



MISSOURI GAMING COMMISSION CHARITABLE GAMES DIVISION PO BOX 1847

JEFFERSON CITY MO 65102

BINGO CHAIRPERSON FORM

BINGO LICENSE NUMBER	
ORGANIZATION NAME	

In accordance with this regulation, please **provide in the space below** the name, address, social security number, date of birth and daytime telephone number of the bingo chairperson of your organization.

Regulation 11 CSR 45-30.130 (1) states, "Every licensed organization shall designate a bona fide, active member of the organization to be in charge of, and primarily responsible for, each bingo occasion. The member in charge may change from occasion to occasion. The individual shall have been a member in good standing of the licensed organization for the last six (6) months and shall supervise all activities and be responsible for the conduct of all bingo games of which s/he is in charge. the member in charge shall be continually present on the premises during the occasion and shall be familiar with the provisions of the bingo law, applicable ordinances, these regulations, and the licensee's house rules."

BINGO CHAIRPERSON NAME	
ADDRESS	
CITY, STATE & ZIP	
SOCIAL SECURITY NUMBER	
DATE OF BIRTH	
DAYTIME TELEPHONE	

THE FOLLOWING ARE 1	THE CURRENT OFF	ICERS AN	ID BING	OR ABBRE	VIATED PULL-TAB W	VORKER	S OF:				
NAME OF ORGANIZATION				BINGO OR ABBREVIATED PULL-TAB LICENSE NUMBER							
PLEASE ATTACH ADDIT	TIONAL PAGES, IF	APPLICA	BLE.								
OFFICERS											
LIST CURRENT OFFICEI ISSUED ID. IF BEING SU NOT SIX MONTH BONA	JBMITTED FOR THE	FIRST T	IME, INC	LUDE A COP	Y OF THE DRIVER LI	CENSE (OR STATE-ISS	SUED ID.	*OFFICE	RS WHO ARE	
NAME					NAME						
TITLE DAYTIME TELEPHONE NU			IE NUMBER	TITLE DAYTIME			TELEPHONE NUMBER				
ADDRESS					ADDRESS			ı			
CITY			STATE	ZIP CODE	CITY				STATE	ZIP CODE	
DATE OF BIRTH	SOCIAL SECU	JRITY NUM	BER		DATE OF BIRTH		SOCIAL SECUR	RITY NUMB	ER		
NAME					NAME						
TITLE D/		DAYTIME	ΓΙΜΕ TELEPHONE NUMBER		TITLE	DAYTII		DAYTIME	TIME TELEPHONE NUMBER		
ADDRESS					ADDRESS						
CITY			STATE	ZIP CODE	CITY				STATE	ZIP CODE	
DATE OF BIRTH SOCIAL SECURITY NUMBER				DATE OF BIRTH SOCIAL SECURITY NUMBER							
NAME	I				NAME						
TITLE DAY		DAYTIME	AYTIME TELEPHONE NUMBER		TITLE	DAYTIME		DAYTIME	TELEPHONE NUMBER		
ADDRESS		1			ADDRESS						
CITY			STATE	ZIP CODE	CITY				STATE	ZIP CODE	
DATE OF BIRTH SOCIAL SECURITY NUMBER		BER		DATE OF BIRTH		SOCIAL SECUR	RITY NUMB	3ER			
NAME					NAME						
TITLE DAYTIME TELEPHON			NE NUMBER	TITLE DAYTIME TELEPHO			IE NUMBER				
ADDRESS				ADDRESS							
CITY			STATE	ZIP CODE	CITY				STATE	ZIP CODE	
DATE OF BIRTH SOCIAL SECURITY NUMBER			DATE OF BIRTH SOCIAL SECURITY NUMBER								
Under penalties of per complete. I will comply								and belie	f, it is co	errect and	
SIGNATURE									DATE		

THE MANAGEMENT, CO	ONDUCT, OR OPERATION OF THE BINGO	GAMES. NAMES SHOULD BE	ONA FIDE MEMBERS AND WHO WILL ASSIST WITH LISTED AS SHOWN ON THE INDIVIDUAL'S DRIVER OF THE DRIVER LICENSE OR STATE-ISSUED ID.			
NAME		NAME				
DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER			
NAME		NAME				
DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER			
NAME		NAME				
DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER			
NAME		NAME				
DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER			
NAME		NAME	l .			
DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER			
NAME		NAME				
DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER			
NAME		NAME				
DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER			
NAME		NAME				
DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER			
NAME		NAME				
DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER			
NAME	•	NAME	1			
DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER			
NAME		NAME				
DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER			
NAME		NAME				
DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER			
NAME		NAME				
DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER			

NAME OF ORGANIZATION

BINGO OR ABBREVIATED PULL-TAB LICENSE NUMBER

APPROVED MISSOURI BINGO SUPPLIER JANUARY 1, 2017

BINGO OPERATORS MAY ONLY BUY BINGO PAPER OR PULL-TABS, AND BUY OR LEASE BINGO EQUIPMENT FROM THE APPROVED SUPPLIER LISTED BELOW.

All American Bingo (P-1055) 12947 A Gravois Rd Sunset Hills MO 63127 Phone – 314-991-1214 / 800-752-4675



PLAYING LOCATION DIRECTIONS - SCHEDULE B

NAME OF ORGANIZATION	BINGO LICENSE NUMBER
DY AVENUE A GLETTONY ADDRESS	
PLAYING LOCATION ADDRESS	
Please provide detailed directions to your bingo hall starting	from a major highway in your city or
town.	
	turn right. There will be a Dleakhyster Wides
For Example: Take Highway 63 South to Meramec Street and	turninght. There will be a blockbuster video
on the corner. Go 4 blocks to Charles Street and turn left. Our l	hall is located at 317 Charles Street.
Directions:	