

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

BINGO APPLICATION FOR APPROVAL OF PAID EMPLOYEE OR STAFF MEMBER

INSTRUCTIONS: Complete all sections of this application. Please print or type. Mail completed application to the address provided above. , whose address is STREET ADDRESS AND/OR PO BOX NO. am an employee or staff member of the organization listed below and hereby request permission to assist in the management, conduct or operation of bingo games conducted by STREET ADDRESS AND/OR PO BOX NO. CITY, STATE AND ZIP CODE DATE EMPLOYED IN POSITION BIRTHDATE OF APPLICANT SOCIAL SECURITY NO. OF APPLICANT Detailed Job Description (attach separate sheet, if necessary): Number of hours worked: _____ □ Weekly \square Monthly ☐ Yearly Current Salary: \$_____ □ Weekly \square Monthly ☐ Hourly 6. Fringe benefits (be specific): Under penalties of perjury, I, the undersigned, attest that the above information is true and correct as hereinbefore stated. I am not an owner, partner, officer, director, stockholder, employee, or commissioned agent of a bingo equipment supplier or manufacturer. I fully understand accordance with Section 313.040 (2), RSMo, I am eligible, upon approval of the Missouri Gaming Commission, to volunteer my time and assistance, without compensation, in the management, conduct or operation of bingo games conducted by the above-stated organization. I further understand that if I am a full-time employee or full-time staff member I may volunteer my time and assistance in the management, conduct or operation of bingo only one time per week and only to the above-stated organization. SIGNATURE OF APPLICANT TITLE SIGNATURE OF PRESIDING OFFICER FOR OFFICE USE ONLY: ☐ PART-TIME – waiver granted ☐ FULL-TIME – cannot volunteer for any other organization's bingo □ APPROVED □ DENIED □ SUSPENDED **COMMENTS**

SIGNATURE _____ DATE ____

(Rev. 4/20/11)