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

CURRENT OFFICERS/BINGO OR ABBREVIATED PULL-TAB WORKERS - SCHEDULE A

THE FOLLOWING ARE THE CURRENT OFFICERS/BINGO OR ABBREVIATED PULL-TAB WORKERS OF:

NAME OF ORGANIZATION	BINGO OR ABBREVIATED PULL-TAB LICENSE NUMBER

PLEASE ATTACH ADDITIONAL PAGES, IF APPLICABLE.

OFFICERS

LIST ALL OFFICERS OF YOUR ORGANIZATION. NAMES SHOULD BE AS SHOWN ON THEIR DRIVERS LICENSE. IF THEY DO NOT DRIVE, ENCLOSE A COPY OF THEIR SOCIAL SECURITY CARD TO EXPEDITE PROCESSING.

NAME				NAME			
TITLE		DAYTIME TELEPHONE NUMBER ( )		TITLE		DAYTIME 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				NAME			
TITLE		DAYTIME TELEPHONE NUMBER ( )		TITLE		DAYTIME TELEPHONE NUMBER ( )	
ADDRESS				ADDRESS			
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
DATE OF BIRTH	SOCIAL SECURITY NUMBER			DATE OF BIRTH	SOCIAL SECURITY NUMBER		

WORKERS

LIST ALL TWO YEAR BONA FIDE MEMBERS WHO WILL ASSIST WITH THE MANAGEMENT, CONDUCT OR OPERATION OF THE BINGO GAMES. *OFFICERS DO NOT HAVE TO BE LISTED AGAIN.

NAME				NAME			
TITLE		DAYTIME TELEPHONE NUMBER ( )		TITLE		DAYTIME 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				NAME			
TITLE		DAYTIME TELEPHONE NUMBER ( )		TITLE		DAYTIME TELEPHONE 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 perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is correct and complete. I will comply with all of the provisions of Chapter 313 and the regulations adopted thereunder.

SIGNATURE	DATE

WORKERS

NAME				NAME			
TITLE		DAYTIME TELEPHONE NUMBER ( )		TITLE		DAYTIME 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				NAME			
TITLE		DAYTIME TELEPHONE NUMBER ( )		TITLE		DAYTIME 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				NAME			
TITLE		DAYTIME TELEPHONE NUMBER ( )		TITLE		DAYTIME 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				NAME			
TITLE		DAYTIME TELEPHONE NUMBER ( )		TITLE		DAYTIME 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				NAME			
TITLE		DAYTIME TELEPHONE NUMBER ( )		TITLE		DAYTIME 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				NAME			
TITLE		DAYTIME TELEPHONE NUMBER ( )		TITLE		DAYTIME TELEPHONE NUMBER ( )	
ADDRESS				ADDRESS			
CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE	
DATE OF BIRTH	SOCIAL SECURITY NUMBER			DATE OF BIRTH	SOCIAL SECURITY NUMBER		