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

REQUEST TO CONDUCT BINGO TWO DAYS PER WEEK

Please complete this form only if you have already obtained a regular bingo license and intend to conduct regularly scheduled bingo two days per week. The second day of the week provision can not be used for special events conducted at various times throughout the year. Your organization will need to apply for a special bingo license for such events.

BINGO ORGANIZATION NAME	BINGO LICENSE NUMBER

First Day:

- ☐ Day of week, day sequence and time bingo is to be conducted: Day of week _____ Time _____ ☐ AM ☐ PM
  Day Sequence: ☐ Every ☐ Alternate ☐ Other_____
- ☐ Indicate the exact time of day your organization's paper and pull-tab sales will begin _____ ☐ AM ☐ PM
- ☐ Physical location where the bingo game will be conducted, i.e.: Street Address, Highway Number, etc. Do not use a P.O. Box or Rural Route _____
- ☐ 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 _____
- ☐ 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.
- ☐ Please attach a copy of your current game sheet and house rules for this occasion. **Please note: If conducting a progressive game(s), the game(s) must be played at both occasions conducted by your organization pursuant to 313.013, RSMo.**

Second Day:

- ☐ Day of week, day sequence and time bingo is to be conducted: Day of week _____ Time _____ ☐ AM ☐ PM
  Day Sequence : ☐ Every ☐ Alternate ☐ Other_____
- ☐ Indicate the exact time of day your organization's paper and pull-tab sales will begin _____ ☐ AM ☐ PM
- ☐ Physical location where the bingo game will be conducted, i.e.: Street Address, Highway Number, etc. Do not use a P.O. Box or Rural Route _____
- ☐ 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 _____
- ☐ 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.
- ☐ Please attach a copy of your current game sheet and house rules for this occasion. **Please note: If conducting a progressive game(s), the game(s) must be played at both occasions conducted by your organization pursuant to 313.013, RSMo.**

PRESIDING OFFICER SIGNATURE	DATE	DAYTIME PHONE NUMBER