

MICHIGAN Charitable Gaming Division c/o Accounting Box 30023, Lansing, MI 48909 OVERNIGHT DELIVERY: 101 E. Hillsdale, Lansing MI 48933 LOTTERY (517) 335-5780 www.michigan.gov/cg

## **BINGO LICENSE APPLICATION** PART 1

PLEASE PRINT OR TYPE IN BLUE OR BLACK INK.

O R G A	1. Organization Name							on ID Number or se Number Issued
N I Z A	3. Organization Address		City			State	ZIP Code	County
T I O N	4. Mailing Address, if different	-	City			State	ZIP Code	County
I N F	5. Organization Telephone Number	6. Contact Person			7. Cont (	act Person )	's Telephone I	Number
O R M A T I O N	<ul> <li>R party committee, ballot question committee, independent committee or at other committee as defined by, and organized pursuant to, the Michigan Campaign Finance Act 388 of the Public Acts of 1976, as amended, being sections 169.201 to 169.282 of the Michigan Compiled Laws?</li> </ul>			<ul> <li>9. Has your organization received contributions or made expenditures of \$500 or more in the last calendar year for the purpose of influencing or attempting to influence the action of voters for or against the nomination or election of a candidate, or the qualification, passage, or defeat of a ballot question?</li> <li>Yes</li> </ul>				

	10. List name, title, home address, and telephone number	s of principal officer, e.g., president, grand knight, worthy matron, etc., a	and other o	officers of the
	organization. (Attach additional sheets if necessary.)			
	Name and Title	Street, City, State, ZIP Code		Telephone Numbers
O R G A	Name		Day	
R			(	<b>`</b>
G			(	)
Α	Title		Evening	
Ν				<b>`</b>
I			(	)
N   Z A T   O	Name		Day	
			(	<b>`</b>
			(	)
	Title		Evening	
N				)
			(	)
O F F	Name		Day	
F			(	
F			(	)
I.	Title		Evening	
С			(	)
E			`	/
C E R S	Name		Day	
5			,	)
			(	,
	Title		Evening	
			/	\ \
			(	)

	11.Type of license and fee: (check one)				
s	🗌 \$150 Large Bingo	S55 Small Bingo Mak	e checks payable to: STATE OF MICH	IIGAN	
F G E N E A T	and I AM AWARE OF AND AGREE TO the condition	ganization applying is a NONPROFIT organization, I stated or attached, and the facts underlying our origin statements will be cause for rejection of this application ns of Act 382 of the Public Acts of 1972, as amende	nal qualification status remain unchanged. on or revocation of the right to obtain any	I FURTHER future licenses	
& U	Signature of the PRINCIPAL officer, e.g., president, grand knight, worthy matron, etc. NOTE: Executive director signature not acceptable.				
E	Signature	Print Name	Title	Date	

## PLEASE MAKE A COPY OF THE COMPLETED APPLICATION FOR YOUR RECORDS



COMPLETION: Required for licensure. PENALTY: No license will be issued.



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## **BINGO LICENSE APPLICATION** PART 2

COMPLETION: Required for licensure. PENALTY: No license will be issued.

BSL-CG-1199(R11/06)

PLEASE PRINT OR TYPE IN BLUE OR BLACK INK

O I R N	1. Organization Name					2. Organization ID Number	
GF							
A o							
NR	-						
A T T							
IT i	City				State	ZIP Code	
0 0							
NN							
	4. Requested start date:		5. Bingo equipment:				
			Own	Included in	hall rental agreement	Intend to purchase	
	6. Bingo game location: (check one)		7. (1) Supplier Name		0	ID Number	
	Own location						
I I N	Related organization's facility (no	io rent)					
	Rental hall - (submit rental agree	(2) Supplier Name			ID Number		
¦		ement)					
C R	Hall ID Number						
EM	8. Location where bingo will be conducted: (	(building na	ame, if any)	9. Weekly renta	al amount:		
N A			,				
S T E I							
<b>۰</b> ۱	Street Address			10. Day of the w	veek bingo will be conducted	:	
N							
	City	ZIP Code	County	11 Time bingo y	will be conducted (must be b	etween the hours of 8 a.m 2 a.m.):	
			County				
						(a.m./p.m.) to(a.m./p.m.)	
	12. If your organization will not conduct bingo each week, attach a list of scheduled playing dates. If you cancel seasonally, submit the dates						
	you plan to cancel and start again.						
	13. List name, home address, and telephone additional list	e numbers	of persons in charge of	f bingo. Must be	member for 6 months. If mo	pre than 3 chairpersons, attach	
	13. List name, home address, and telephone additional list. Bingo Chairperson(s)	e numbers		f bingo. Must be t, City, State, ZIP		· · ·	
с	additional list.	e numbers				Telephone Numbers	
н	additional list. Bingo Chairperson(s)	e numbers				Telephone Numbers	
H A	additional list. Bingo Chairperson(s)	e numbers				Telephone Numbers Day ( )	
H	additional list. Bingo Chairperson(s)	e numbers				Telephone Numbers	
H A B R I P	additional list. Bingo Chairperson(s) Name	e numbers				Telephone Numbers Day ( ) Evening ( )	
H A B R I P N E	additional list. Bingo Chairperson(s)	e numbers				Telephone Numbers Day ( )	
H A B R N E R G R	additional list. Bingo Chairperson(s) Name	e numbers				Telephone Numbers       Day       ( )       Evening       ( )       Day       ( )	
H A B R P N E G R S	additional list. Bingo Chairperson(s) Name	e numbers				Telephone Numbers Day ( ) Evening ( )	
H A B R N E R G R	additional list. Bingo Chairperson(s) Name	e numbers				Telephone Numbers       Day       ( )       Evening       ( )       Day       ( )	
H A B R P E R O S O	additional list. Bingo Chairperson(s) Name	e numbers				Telephone Numbers       Day       ( )       Evening       ( )       Day       ( )	
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H A B R P E R O S O	additional list. Bingo Chairperson(s) Name	e numbers				Telephone Numbers       Day       ( )       Evening       ( )       Day       ( )       Evening       ( )       Evening       ( )       Day       ( )       Day       ( )       Day       ( )	
H A B R P E R O S O	additional list. Bingo Chairperson(s) Name Name		Stree	t, City, State, ZIP	Code	Telephone Numbers       Day       (       Evening       (       Day       (       )	
H A B R F P S C S O S O N (S)	additional list. Bingo Chairperson(s) Name Name Name 14.1 CERTIFY that I am at least 18 years of misrepresentation or falsification in the ir	if age, the c	Stree	a NONPROFIT ou	Code	Telephone Numbers         Day         ( )         Evening         ( )         Day         ( )         Evening         ( )	
H A B R P P R C S O S O S S	additional list. Bingo Chairperson(s) Name Name Name 14. I CERTIFY that I am at least 18 years of misrepresentation or falsification in the ir CERTIFY that I am aware that false or n	f age, the of information misleading	Stree	a NONPROFIT of the facts underly se for rejection of	Code rganization, I have examined ring our original qualification this application or revocatio	Telephone Numbers         Day         ( )         Evening         ( )         Day         ( )         Day         ( )         Day         ( )         Evening         ( )         Day         ( )         Evening         ( )	
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