



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

# BINGO LICENSE APPLICATION PART 1

For Bureau Use Only

PLEASE PRINT OR TYPE IN BLUE OR BLACK INK.

<b>ORGANIZATION INFORMATION</b>	1. Organization Name				2. Organization ID Number or Last License Number Issued		
	3. Organization Address			City	State	ZIP Code	County
	4. Mailing Address, if different			City	State	ZIP Code	County
	5. Organization Telephone Number (     )		6. Contact Person		7. Contact Person's Telephone Number (     )		
	8. Is your organization a candidate committee, political committee, political party committee, ballot question committee, independent committee or any 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>ORGANIZATION OFFICERS</b>	10. List name, title, home address, and telephone numbers of principal officer, e.g., president, grand knight, worthy matron, etc., and other officers of the organization. (Attach additional sheets if necessary.)		
	Name and Title	Street, City, State, ZIP Code	Telephone Numbers
	Name		Day (     )
	Title		Evening (     )
	Name		Day (     )
	Title		Evening (     )
	Name		Day (     )
	Title		Evening (     )
	Name		Day (     )
	Title		Evening (     )

<b>SIGNATURE &amp; FEE</b>	11. Type of license and fee: (check one) <input type="checkbox"/> \$150 Large Bingo <input type="checkbox"/> \$55 Small Bingo    Make checks payable to: STATE OF MICHIGAN		
	12. I CERTIFY that I am at least 18 years of age, the organization applying is a NONPROFIT organization, I have examined this application and there is no misrepresentation or falsification in the information stated or attached, and the facts underlying our original qualification status remain unchanged. I FURTHER CERTIFY that I am aware that false or misleading statements will be cause for rejection of this application or revocation of the right to obtain any future licenses and I AM AWARE OF AND AGREE TO the conditions of Act 382 of the Public Acts of 1972, as amended, and the rules and directives of the Michigan Bureau of State Lottery.		
	Signature of the PRINCIPAL officer, e.g., president, grand knight, worthy matron, etc. NOTE: Executive director signature not acceptable.		
	Signature	Print Name	Title

PLEASE MAKE A COPY OF THE COMPLETED APPLICATION FOR YOUR RECORDS



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

# BINGO LICENSE APPLICATION PART 2

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<b>O R G A N I Z A T I O N</b>	1. Organization Name		2. Organization ID Number	
	3. License Mailing Address			
	City		State	ZIP Code

<b>I N F O R M A T I O N</b>	4. Requested start date:		5. Bingo equipment: <input type="checkbox"/> Own <input type="checkbox"/> Included in hall rental agreement <input type="checkbox"/> Intend to purchase			
	6. Bingo game location: (check one) <input type="checkbox"/> Own location <input type="checkbox"/> Related organization's facility (no rent) <input type="checkbox"/> Rental hall - (submit rental agreement) Hall ID Number _____		7. (1) Supplier Name		ID Number	
			(2) Supplier Name		ID Number	
	8. Location where bingo will be conducted: (building name, if any)			9. Weekly rental amount:		
	Street Address			10. Day of the week bingo will be conducted:		
	City	ZIP Code	County	11. Time bingo will be conducted (must be between the hours of 8 a.m. - 2 a.m.): _____(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.						

<b>C H A I R P E R S O N (S)</b>	13. List name, home address, and telephone numbers of persons in charge of bingo. Must be member for 6 months. If more than 3 chairpersons, attach additional list.					
	Bingo Chairperson(s)		Street, City, State, ZIP Code		Telephone Numbers	
	Name				Day (    )	
					Evening (    )	
	Name				Day (    )	
					Evening (    )	
	Name				Day (    )	
					Evening (    )	

<b>S I G N A T U R E</b>	14. I CERTIFY that I am at least 18 years of age, the organization applying is a NONPROFIT organization, I have examined this application and there is no misrepresentation or falsification in the information stated or attached, and the facts underlying our original qualification status remain unchanged. I FURTHER CERTIFY that I am aware that false or misleading statements will be cause for rejection of this application or revocation of the right to obtain any future licenses and I AM AWARE OF AND AGREE TO the conditions of Act 382 of the Public Acts of 1972, as amended, and the rules and directives of the Michigan Bureau of State Lottery.	
	Signature of the PRINCIPAL officer, e.g., president, grand knight, worthy matron, etc. NOTE: Executive director signature not acceptable.	
	Signature	Title
	Print Name	Date

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