

MISSISSIPPI GAMING COMMISSION CHARITABLE GAMING DIVISION

LICENSE APPLICATION TO CONDUCT CHARITABLE BINGO

Name of Organization



Section 4 . 1 . 1

(Revised 10/27/10)



MISSISSIPPI GAMING COMMISSION

CHARITABLE GAMING DIVISION

DEFINITIONS

SECTION 4.1.1

CHARITABLE ORGANIZATIONS:

1. Any nonprofit organization domiciled in this state that is tax exempt under Section 501(c) or (d) of the United States Internal Revenue Code and which has on file with the Mississippi Gaming Commission either a tax exemption letter issued by the United States Internal Revenue Service, or a certified copy of its application for such tax exempt status if the Commission determines that the organization is likely to be granted the tax exemption status, **and is:**

A. Any chapter or post domiciled in this state of a nationally chartered organization whose membership is composed of former members of the military forces of the United States of America or whose membership is composed of members of the Merchant Marine Veterans Association;

B. Any nonprofit civic, educational, wildlife conservation or religious organization domiciled in this state;

2. Any senior citizen recreation club, which is defined as an organization sanctioned by the local council on aging and composed of members aged sixty (60) years or older, the sole function of which is to provide amusement and diversion for its members.

If an organization which has on file with the Commission a certified copy of its application for a tax exemption under Section 501 (c) (d) of the United State Internal Revenue Code is not granted the exemption within twelve (12) months from the date of such application, the organization's license shall be subject to revocation pursuant to ***Section §97-33-61.***

DEFINITION OF BINGO GAMES:

Bingo means a game of chance in which a right to participate is sold to a player and prizes are awarded, that is:

- (a) Played with a card, sheet, or an electronic representation thereof, bearing numbers or symbols;
- (b) Played with the participant covering, marking or revealing the numbers or symbols, as objects similarly numbered or designated are drawn from a receptacle and orally called; in the case of electronic representations, the requisite covering, marking or revealing may be accomplished electronically to match objects similarly numbered or designated and stored in memory in advance as winners, or which are generated randomly by an electronic process;
- (c) Won by the player who first covers, marks or reveals a previously designated arrangement of numbers or symbols; and
- (d) Played on the premises of a licensed organization and during the organization's regular hours of conducting bingo games.

The term "bingo" includes pull-tabs made available as a companion game to bingo and played on the premises. The term bingo does not include any game which is played via television, telephone, satellite dish or any other telecommunications transmission or receiving device.

Any electronic device used to produce an electronic representation must maintain an inventory recorded in computed memory, not on cartridge memory, of the number of winners and losers. It must also be equipped with tamper-proof electric meters as a backup to the computer memory. It may not dispense cash or coins. Payback will be dispensed by printed ticket only. The printer shall maintain duplicate records of all transactions. All such electronic devices shall be approved by the Mississippi Gaming Commission.



MISSISSIPPI GAMING COMMISSION CHARITABLE GAMING DIVISION

APPLICATION FOR LICENSE TO CONDUCT CHARITABLE BINGO TRANSMITTAL FORM

SECTION 4 . 1 . 1

Mail completed, signed application and attachments to:

Charitable Gaming Division
Mississippi Gaming Commission
 P. O. Box 23577
 Jackson, MS 39225-3577

If you need assistance, please call our Jackson Office at:
 Phone: (800) 504-7529 or (601) 576-3850

Name of Organization

Check only one ¹		Document	For MGC use only
Enclosed	N/A		
<input type="checkbox"/>		License Application	
<input type="checkbox"/>		Statement of Purpose which indicates the specific purposes to which the entire net proceeds of the bingo games are to be devoted, and in what manner and percentages those monies will be distributed. <i>(Attach schedule)</i>	
<input type="checkbox"/>		Expense listing of each item of expense intended to be incurred in the holding, operating and conducting of bingo games, the names and addresses to whom paid, and the purpose for each item. <i>(Attach schedule.)</i>	
<input type="checkbox"/>		Program Listing games to be played and describing prize that will be offered for that game. <i>(Attach schedule)</i>	
<input type="checkbox"/>		Event Schedule showing dates and times of all events.	
<input type="checkbox"/>	<input type="checkbox"/>	Inventory Listing of all Gaming Supplies and Gaming Equipment owned by organization.	
<input type="checkbox"/>		Sale Price of all bingo paper offered for play by organization. <i>(Attach Schedule)</i>	
<input type="checkbox"/>		Federal Tax Returns for previous three (3) years. <i>(Include all attachments and documents.)</i> Years attached: _____	
<input type="checkbox"/>		State Tax Returns for previous three (3) years. <i>(Include all attachments and documents.)</i> Years attached: _____	
<input type="checkbox"/>		501 (c) Tax Exempt Letter from the IRS (Must be a current copy.) <i>This is not the same as employer ID number.</i> If covered by a group ruling, submit copy of verification from national office of organization.	
<input type="checkbox"/>		Certificate of Exemption or Certificate from Secretary of State showing your organization to be registered as a charity.	

¹ Unless document has a check box in the N/A column, it is a required document.



**MISSISSIPPI GAMING COMMISSION
CHARITABLE GAMING DIVISION**

**APPLICATION FOR LICENSE TO CONDUCT CHARITABLE BINGO
TRANSMITTAL FORM**

SECTION 4 . 1 . 1

Name of Organization _____

Check only one ²		Document	For MGC use only
Enclosed	N/A		
<input type="checkbox"/>		<i>Articles of Incorporation</i> as filed with the Secretary of State	
<input type="checkbox"/>	<input type="checkbox"/>	<i>By-Laws and Charter</i> , if applicable	
<input type="checkbox"/>		<i>Membership List</i> Listing of all members to include name, address, social security number and date of birth.	
<input type="checkbox"/>	<input type="checkbox"/>	<i>Contracts & Agreements</i> Copies of all bingo related contract(s), service agreement(s), lease agreement(s), etc.	
<input type="checkbox"/>		<i>Personal history questionnaire</i> for each: Contact person, bingo supervisor, alternate supervisors, officers, directors, and board members. Number attached: _____	
<input type="checkbox"/>		<i>Applicant's request to release information</i> for each: Contact person, bingo supervisor, alternate supervisors, officers, directors, and board members. Number attached: _____	
<input type="checkbox"/>		<i>Application Fee</i> of \$50.00 (non refundable). <i>Payment must be made by certified check, money order or cashier's check only.</i>	

The documents listed above must accompany this application before it can be processed, and shall be considered part of the application.

Submitted by:

Name	Date
Title	

² Unless document has a check box in the N/A column, it is a required document.



MISSISSIPPI GAMING COMMISSION CHARITABLE GAMING DIVISION

APPLICATION FOR LICENSE TO CONDUCT CHARITABLE BINGO

SECTION 4.1.1

ALL INFORMATION MUST BE FILLED OUT COMPLETELY. ANY OMISSION OR ILLEGIBLE INFORMATION MAY BE CAUSE FOR DELAY IN APPROVAL. THE APPLICATION MUST BE SIGNED BEFORE A NOTARY PUBLIC.

DATE

(PLEASE TYPE OR PRINT ALL INFORMATION)

OFFICIAL NAME OF ORGANIZATION		
PHONE NUMBER	FEDERAL TAX ID	E-MAIL
TYPE OF ORGANIZATION <i>(See attached definitions)</i>	<input type="checkbox"/> VETERANS ORGANIZATION <input type="checkbox"/> NONPROFIT CIVIC <input type="checkbox"/> EDUCATIONAL <input type="checkbox"/> WILDLIFE CONSERVATION <input type="checkbox"/> RELIGIOUS	
OFFICIAL MAILING ADDRESS OF ORGANIZATION		
P. O. BOX		COUNTY
STREET		CITY
STATE		ZIP
PHYSICAL LOCATION FOR CHARITY		
P. O. BOX		COUNTY
STREET		CITY
STATE		ZIP
LOCATION WHERE GAMES ARE TO BE HELD		
NAME OF HALL		
P. O. BOX		COUNTY
STREET		CITY
STATE		ZIP
CONTACT PERSON FOR THE CHARITY		
HOME PHONE	OFFICE PHONE	E-MAIL
P. O. BOX		COUNTY
STREET		CITY
STATE		ZIP
NAME OF COMMERCIAL LESSOR		
HOME PHONE	OFFICE PHONE	E-MAIL
P. O. BOX		COUNTY
STREET		CITY
STATE		ZIP
GAMES REQUESTED <input type="checkbox"/> BINGO <input type="checkbox"/> ELECTRONIC BINGO <input type="checkbox"/> PULL TABS <input type="checkbox"/> ELECTRONIC PULL TABS		



MISSISSIPPI GAMING COMMISSION CHARITABLE GAMING DIVISION

APPLICATION FOR LICENSE TO CONDUCT CHARITABLE BINGO

SECTION 4.1.1

Name of Organization _____

“Supervisor” or “alternate supervisor” means individuals so designated by a licensee, who are familiar with the provision of Section 97-33-51 through 97-33-203 and the rules and regulations of the Commission, and qualified to be designated as a bingo supervisor in charge of and responsible for a session of a bingo game.

CONTACT PERSON		
SOCIAL SECURITY NUMBER	DATE OF BIRTH	E-MAIL
STREET	CITY	
STATE	ZIP	
BINGO SUPERVISOR		
SOCIAL SECURITY NUMBER	DATE OF BIRTH	E-MAIL
STREET	CITY	
STATE	ZIP	
ALTERNATE		
SOCIAL SECURITY NUMBER	DATE OF BIRTH	E-MAIL
STREET	CITY	
STATE	ZIP	
ALTERNATE		
SOCIAL SECURITY NUMBER	DATE OF BIRTH	E-MAIL
STREET	CITY	
STATE	ZIP	
ALTERNATE		
SOCIAL SECURITY NUMBER	DATE OF BIRTH	E-MAIL
STREET	CITY	
STATE	ZIP	
ALTERNATE		
SOCIAL SECURITY NUMBER	DATE OF BIRTH	E-MAIL
STREET	CITY	
STATE	ZIP	

Does the bingo supervisor, or alternates receive any compensation, reward, or recompense?

YES NO *Any corporation, person or entity operating bingo, under contract shall have a written contract with the charitable organization and shall be subject to any rules and regulations promulgated by the Commission.*



MISSISSIPPI GAMING COMMISSION CHARITABLE GAMING DIVISION

APPLICATION FOR LICENSE TO CONDUCT CHARITABLE BINGO

SECTION 4.1.1

Name of Organization _____

List all persons, other than bingo supervisor/alternate(s), who will be involved in any manner in the operation of bingo games.

NAME			
SOCIAL SECURITY NUMBER	DATE OF BIRTH	E-MAIL	
STREET	CITY		
STATE	ZIP		
NAME			
SOCIAL SECURITY NUMBER	DATE OF BIRTH	E-MAIL	
STREET	CITY		
STATE	ZIP		
NAME			
SOCIAL SECURITY NUMBER	DATE OF BIRTH	E-MAIL	
STREET	CITY		
STATE	ZIP		
NAME			
SOCIAL SECURITY NUMBER	DATE OF BIRTH	E-MAIL	
STREET	CITY		
STATE	ZIP		
NAME			
SOCIAL SECURITY NUMBER	DATE OF BIRTH	E-MAIL	
STREET	CITY		
STATE	ZIP		
NAME			
SOCIAL SECURITY NUMBER	DATE OF BIRTH	E-MAIL	
STREET	CITY		
STATE	ZIP		
NAME			
SOCIAL SECURITY NUMBER	DATE OF BIRTH	E-MAIL	
STREET	CITY		
STATE	ZIP		

(Attach additional sheets as needed)



MISSISSIPPI GAMING COMMISSION CHARITABLE GAMING DIVISION

APPLICATION FOR LICENSE TO CONDUCT CHARITABLE BINGO

SECTION 4.1.1

Name of Organization _____

List all officers of the organization.

NAME	POSITION
SOCIAL SECURITY NUMBER	E-MAIL
DATE OF BIRTH	
STREET	CITY
STATE	ZIP
NAME	POSITION
SOCIAL SECURITY NUMBER	E-MAIL
DATE OF BIRTH	
STREET	CITY
STATE	ZIP
NAME	POSITION
SOCIAL SECURITY NUMBER	E-MAIL
DATE OF BIRTH	
STREET	CITY
STATE	ZIP
NAME	POSITION
SOCIAL SECURITY NUMBER	E-MAIL
DATE OF BIRTH	
STREET	CITY
STATE	ZIP
NAME	POSITION
SOCIAL SECURITY NUMBER	E-MAIL
DATE OF BIRTH	
STREET	CITY
STATE	ZIP
NAME	POSITION
SOCIAL SECURITY NUMBER	E-MAIL
DATE OF BIRTH	
STREET	CITY
STATE	ZIP
NAME	POSITION
SOCIAL SECURITY NUMBER	E-MAIL
DATE OF BIRTH	
STREET	CITY
STATE	ZIP
NAME	POSITION
SOCIAL SECURITY NUMBER	E-MAIL
DATE OF BIRTH	
STREET	CITY
STATE	ZIP

(Attach additional sheets as needed)



**MISSISSIPPI GAMING COMMISSION
CHARITABLE GAMING DIVISION**

APPLICATION FOR LICENSE TO CONDUCT CHARITABLE BINGO

SECTION 4.1.1

Name of Organization _____

1. Is the building where bingo is to be conducted owned by the organization?
 Yes No If no, answer the questions below. *(Attach copy of the rental or lease agreement)*

Name of proposed Lessor: _____

Amount of rent to be paid per session or per month _____

2. Has any officer, director, board member of the charitable organization, or person who will be involved in the holding, operating, conducting of the bingo game ever been convicted, plead guilty, nolo contendere or failed to answer charges of any criminal violation or ordinance of the United States, State of Mississippi or any other county or local jurisdiction other than misdemeanor traffic violations?

Yes No If yes, provide full details of that conviction or forfeiture, including the date, name of the count, citation to ordinance or law violation and details of the sentence. Attach additional sheets if necessary.

3. Does the applicant currently hold a gaming related license in any other state?

Yes No If yes, list states.

The statements contained within this application are true and correct and contain a full and true account of the requested information. I have executed this statement voluntarily with the knowledge that failure to reveal requested information is sufficient cause for denial or revocation of a license.

PRESIDENT OF ORGANIZATION

BINGO SUPERVISOR

NOTARY

STATE OF _____

SEAL

COUNTY OF _____

This day personally came and appeared before me the undersigned authority in and for the aforesaid jurisdiction, the within named _____ who, after being by me first duly sworn, state on oath that the matters and things contained and set forth in the above and foregoing application are true and correct as therein stated.

Applicant's Signature

Sworn to and subscribed before me on this the _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____

**MISSISSIPPI GAMING COMMISSION
CHARITABLE GAMING DIVISION**

PERSONAL HISTORY APPLICATION

Name of Applicant

Name of Organization





**MISSISSIPPI GAMING COMMISSION
CHARITABLE GAMING DIVISION**

PERSONAL HISTORY QUESTIONNAIRE

To be completed by each contact person, bingo supervisor, alternate supervisors, officers, directors, and board members.

Mail completed, signed forms to: Charitable Gaming Division
Mississippi Gaming Commission
P. O. Box 23577
Jackson, MS 39225-3577

If you need assistance, please call our Jackson Office Phone: (800) 504-7529 or (601) 576-3850

Name of Organization

TRANSMITTAL FORM

The documents listed below must be submitted before the individual will be considered for approval.

For MGC use only

<input type="checkbox"/>	<i>Personal History Questionnaire</i>	
<input type="checkbox"/>	<i>Applicant's Request to Release Information</i>	

Submitted by:

Signature of Applicant

Date

NAME (PRINT OR TYPE)

Position



MISSISSIPPI GAMING COMMISSION CHARITABLE GAMING DIVISION

PERSONAL HISTORY QUESTIONNAIRE

NAME:

(Last) (First) (MI) (Maiden)

ADDRESS:

Number/Street City State Zip

PHONE:

E-MAIL ADDRESS

Home Office Cell

I will be: Contact person Officer Board Member Other

NOTE: If you checked Officer or other, please specify the position you hold _____ POSITION

State the name of the Charitable Gaming Licensee you will be affiliated with:

ORGANIZATION _____ **PHONE** _____

ADDRESS:

Number/Street City State Zip

DATE OF BIRTH _____ **PLACE OF BIRTH** _____

AGE **HEIGHT** **WEIGHT** **RACE** **EYE COLOR**

SOCIAL SECURITY NUMBER **DRIVER'S LICENSE NUMBER** **STATE**

SEX

Male Female
If married give maiden name of spouse
Maiden Name if Married

MARITAL STATUS

Single Widowed
 Married Divorced

ADDRESS FOR THE LAST FIVE YEARS

MO	YR	TO	MO	YR	STREET ADDRESS	CITY	STATE	ZIP
____/____	____	TO	____/____	____	_____	_____	_____	_____
____/____	____	TO	____/____	____	_____	_____	_____	_____
____/____	____	TO	____/____	____	_____	_____	_____	_____
____/____	____	TO	____/____	____	_____	_____	_____	_____
____/____	____	TO	____/____	____	_____	_____	_____	_____



MISSISSIPPI GAMING COMMISSION CHARITABLE GAMING DIVISION

PERSONAL HISTORY QUESTIONNAIRE

Name of Applicant _____

EMPLOYMENT HISTORY FOR THE LAST FIVE YEARS

MO	YR	TO	MO	YR	EMPLOYER	STREET ADDRESS	CITY, STATE ZIP	PHONE
____/____		TO	____/____		_____	_____	_____	_____
____/____		TO	____/____		_____	_____	_____	_____
____/____		TO	____/____		_____	_____	_____	_____
____/____		TO	____/____		_____	_____	_____	_____
____/____		TO	____/____		_____	_____	_____	_____

1. Have you EVER been arrested for ANY reason?

Yes No If Yes provide FULL and COMPLETE details. (Attach additional sheets if necessary.)

2. Have you EVER been CONVICTED OF ANY FELONY?

Yes No If Yes provide FULL and COMPLETE details. (Attach additional sheets if necessary.)

3. Have you ever been involved in ANY bingo operation in ANY manner whatsoever?

Yes No If Yes provide FULL and COMPLETE details. (Attach additional sheets if necessary.)

ORGANIZATION NAME _____

ADDRESS _____

LICENSE NUMBER _____

POSITION HELD _____

DATES _____

4. Do you have ANY member of your immediate family who is now, or has been involved in ANY bingo operation whatsoever?

Yes No If Yes provide FULL and COMPLETE details. (Attach additional sheets if necessary.)

INDIVIDUAL'S NAME _____

RELATIONSHIP _____

ORGANIZATION NAME _____

ADDRESS _____

LICENSE NUMBER _____

POSITION HELD _____

DATES _____



**MISSISSIPPI GAMING COMMISSION
CHARITABLE GAMING DIVISION**

PERSONAL HISTORY QUESTIONNAIRE

Name of Applicant _____

I certify under the penalties contained in the Charitable Gaming Laws and the Mississippi (Ann.) Code 1991 (Rev.). The information presented on this application is true and correct, to the best of my knowledge.

Signature of Applicant

Date

NAME (PRINT OR TYPE)

NOTARY

STATE OF _____

SEAL

COUNTY OF _____

This day personally came and appeared before me the undersigned authority in and for the aforesaid jurisdiction, the within named _____ who, after being by me first duly sworn, state on oath that the matters and things contained and set forth in the above and foregoing application are true and correct as therein stated.

Applicant's Signature

Sworn to and subscribed before me on this the _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____



**MISSISSIPPI GAMING COMMISSION
CHARITABLE GAMING DIVISION**

APPLICANT'S REQUEST TO RELEASE INFORMATION

TO:

FROM:

(Name of Applicant)

I hereby authorize and request all persons to whom this request is presented having information relating to or concerning me to furnish such information to duly appointed Agent of the Mississippi Gaming Commission whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

I hereby authorize and request all persons to whom this request is presented having documents relating to or concerning me to permit a duly appointed Agent of the Mississippi Gaming Commission to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.

If such person to whom this request is presented is a bank, savings or loan, or other financial institution, or an officer of the same, I hereby authorize and request that a duly appointed agent of the Mississippi Gaming Commission be permitted to review and obtain copies of an and all documents, records, or correspondence pertaining to me, including but not limited to past loan information, notes co-signed by me, checking account records, safe deposit box records, passbook records, and general ledger folio sheets.

I have filed with the Mississippi Gaming Commission an application for licensure under the Charitable Bingo law of the Mississippi Code. I understand that I am seeking the granting of a privilege and acknowledge that the burden of proving my qualifications for a favorable determination is at all times on me. I accept any risk of adverse public notice, embarrassment, criticism, or other actions of financial loss which may result from action with respect to my application.

I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents or employees from all and all manner of actions, causes of actions, suits, debts, judgments, executions, claims, and demands whatsoever known or unknown, in law or equity, which I ever had, have now, may have, or claim to have against the person to whom this request is presented or his agents or employees arising out of or by reason of complying with this request.

I agree indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses including reasonable attorney's fees arising out of or by reason of complying with this request.

A reproduction of this request by the Xerox or similar process shall be for all intents and purposes as valid as the original.

In witness thereof, I have executed this request at _____ On the _____ Day of _____, 20_____.

NOTARY

STATE OF _____

SEAL

COUNTY OF _____

This day personally came and appeared before me the undersigned authority in and for the aforesaid jurisdiction, the within named _____ who, after being by me first duly sworn, state on oath that the matters and things contained and set forth in the above and foregoing application are true and correct as therein stated.

Applicant's Signature

Sworn to and subscribed before me on this the _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____



MISSISSIPPI GAMING COMMISSION CHARITABLE GAMING DIVISION

APPLICATION FOR BINGO SUPERVISORS AND ALTERNATES

SECTION 4.1.1

This application form is to be completed by EACH DESIGNATED SUPERVISOR, Alternate, Assistant, who is (are) the member (s) designated by the organization to, HOLD, OPERATE, CONDUCT OR ASSIST in the holding, operating or conducting the bingo game.

Name of Applicant

1. Have you EVER been arrested, convicted, plead guilty, nolo contendere or failed to answer charges of ANY criminal violation or ordinance of the United States, State of Mississippi or any other county or local jurisdiction other than misdemeanor traffic violations?

Yes No

If yes, provide full details of that conviction or forfeiture, including the date, name of the count, citation to ordinance or law violation and details of the sentence. Attach additional sheets if necessary.

2. Have you ever been subject to or convicted of ANY revocation proceeding or any other proceedings concerning violations of gaming in any federal, state, county or local jurisdiction?

Yes No

If yes, provide full details of the agency conducting the proceedings, the alleged violation, date of proceeding, and final disposition. Attach additional sheets if necessary.

3. Do you have ANY charges pending against you in ANY State, Federal, or local court, in any jurisdiction?

Yes No

If yes provide any and ALL details.

4. Have you ever been a professional gambler?

Yes No

If yes provide ALL details.

5. Have you read and do you understand the requirements set forth under the Gaming Control Act, Charitable Gaming Laws Sections 97-33-51 through 97-33-81, along with the Rules and Regulations set forth by the Mississippi Gaming Commission?

Yes No



**MISSISSIPPI GAMING COMMISSION
CHARITABLE GAMING DIVISION**

APPLICATION FOR BINGO SUPERVISORS AND ALTERNATES

SECTION 4.1.1

The statements within this application are true and correct and contain FULL and TRUE account of the requested information. I have executed this statement form voluntarily with FULL knowledge that FAILURE to reveal information is sufficient cause for denial or revocation of a charitable bingo license, and can result in criminal charges being filed for submitting ANY FALSE INFORMATION. I have been designated as a SUPERVISOR, OR ALTERNATE SUPERVISOR, by the applicant organization and I understand that I will be LEGALLY RESPONSIBLE for the holding, operating, and conducting of bingo games in accordance with the terms of the license and the provisions of the Charitable Gaming Laws, and Rules and Regulations of the Mississippi Gaming Commission.

**Note: You cannot perform the duties of bingo supervisor, or alternate, until you receive written notice of finding of suitability from the Charitable Gaming Division of the Mississippi Gaming Commission.*

Signature of Applicant

Date

NAME (PRINT OR TYPE)

NOTARY

STATE OF _____

SEAL

COUNTY OF _____

This day personally came and appeared before me the undersigned authority in and for the aforesaid jurisdiction, the within named _____ who, after being by me first duly sworn, state on oath that the matters and things contained and set forth in the above and foregoing application are true and correct as therein stated.

Applicant's Signature

Sworn to and subscribed before me on this the _____ day of _____, 20_____.

My Commission Expires: _____

Notary Public