

# MISSISSIPPI GAMING COMMISSION CHARITABLE GAMING DIVISION

## LICENSE APPLICATION TO DISTRIBUTE BINGO SUPPLIES

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Name of Organization



Section 4 . 1 . 4

*Revised 1/30/06*



**MISSISSIPPI GAMING COMMISSION**  
**CHARITABLE GAMING DIVISION**  
**APPLICATION FOR A CHARITABLE BINGO SUPPLIES**  
**DISTRIBUTOR'S LICENSE**

**SECTION 4.1.4**

*Mail completed, signed application Packet 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 accompany this application before it can be processed, and shall be considered part of the application.*

For MGC use only

<input type="checkbox"/>	<b>License Application</b>	
<input type="checkbox"/>	<b>Inventory Listing</b> and complete description of all supplies, equipment, or devices which are intended for manufacture/distribution for charitable bingo.	
<input type="checkbox"/>	<b>Federal Tax Returns</b> for previous three (3) years. <i>(Include all attachments and documents.)</i> Years attached: _____	
<input type="checkbox"/>	<b>State Tax Returns</b> for previous three (3) years. <i>(Include all attachments and documents.)</i> Years attached: _____	
<input type="checkbox"/>	<b>Personal history questionnaire</b> for each: Contact person, current officers, principals and partners. Number attached: _____	
<input type="checkbox"/>	<b>Applicant's request to release information</b> for each: Contact person, current officers, principals and partners. Number attached: _____	
<input type="checkbox"/>	<b>Authorization Waiver</b> for each: Contact person, current officers, principals and partners. Number attached: _____	
<input type="checkbox"/>	<b>Distributor's Application Fee</b> of \$2,500.00 (non refundable). <i>Payment must be made by certified check, money order or cashier's check only.</i>	

Submitted by:

\_\_\_\_\_

Name

\_\_\_\_\_

Date

\_\_\_\_\_

Title



**MISSISSIPPI GAMING COMMISSION  
 CHARITABLE GAMING DIVISION  
 APPLICATION FOR A CHARITABLE BINGO SUPPLIES  
 DISTRIBUTOR'S LICENSE**

**SECTION 4.1.4**

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)*

<b>OFFICIAL NAME OF COMPANY</b>	<b>FEDERAL TAX I.D. NUMBER</b>	<b>TELEPHONE</b>
<b>PRINCIPAL ADDRESS</b> STREET ADDRESS	<b>OFFICIAL MAILING ADDRESS OF COMPANY</b> P.O. BOX OR STREET ADDRESS	
CITY STATE ZIP	CITY STATE ZIP	
<b>PHYSICAL ADDRESS OF BUILDING WHERE SUPPLIES ARE STORED</b> STREET ADDRESS CITY STATE COUNTY		
<b>CONTACT PERSON FOR COMPANY</b>	<b>TITLE/POSITION HELD</b>	
<b>MAILING ADDRESS OF CONTACT PERSON</b> STREET ADDRESS	<b>E-MAIL ADDRESS</b> <b>PHONE NUMBER OF CONTACT PERSON</b> HOME  OFFICE	
CITY STATE ZIP		
<b>MISSISSIPPI AGENT FOR SERVICE.</b>		
<b>ORIGINAL INCORPORATORS</b>	<b>CURRENT OFFICE HOLDERS</b>	
<b>BOARD OF DIRECTORS</b>	<b>PARTNERS OF PRINCIPALS (IF APPLICABLE)</b>	
<b>OTHER ADDRESS(ES) NOT LISTED ABOVE WHERE</b>		
<b>SUPPLIES ARE STORED</b>	<b>BUSINESS RECORDS ARE MAINTAINED</b>	



**MISSISSIPPI GAMING COMMISSION**  
**CHARITABLE GAMING DIVISION**  
**APPLICATION FOR A CHARITABLE BINGO SUPPLIES**  
**DISTRIBUTOR'S LICENSE**

**SECTION 4.1.4**

---

**Name of Organization** \_\_\_\_\_

1. Has applicant, official, officer, manager, servant or employee of the applicant 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.

\_\_\_\_\_

\_\_\_\_\_

2. Has applicant, official, officer, manager, servant or employee of the applicant ever been subject to **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. Does the applicant, any stockholder, or any partner have any direct or indirect interest in a charitable organization who operates bingo games?

Yes    No     If yes provide name of charitable organization and full details of involvement.

\_\_\_\_\_

\_\_\_\_\_

4. Does the applicant, any stockholder, or any partner have any direct or indirect interest in a Lessor who leases property in which bingo games will be held or conducted?

Yes    No     If yes, provide name of the commercial lessor, address or location of the building, name of charitable organization if known, and other details of involvement.

\_\_\_\_\_

\_\_\_\_\_

5. Is the applicant currently, or ever been, licensed to do business 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

\_\_\_\_\_  
TREASURER



**MISSISSIPPI GAMING COMMISSION**  
**CHARITABLE GAMING DIVISION**  
**APPLICATION FOR A CHARITABLE BINGO SUPPLIES**  
**DISTRIBUTOR'S LICENSE**

**SECTION 4.1.4**

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**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, stated 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: \_\_\_\_\_

**NOTARY**

STATE OF \_\_\_\_\_

SEAL

COUNTY OF \_\_\_\_\_

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\_\_\_\_\_  
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 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  Married  Widowed  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	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.

<b>Signature of Applicant</b>	<b>Date</b>
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, stated 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 \_\_\_\_\_

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\_\_\_\_\_  
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

## AUTHORIZATION WAIVER

Ms. Taylor  
Internal Revenue Service  
600 S. Maespri Place, Stop #34  
New Orleans, LA 70130

I am aware of the confidentiality of income tax returns and that, without this authorization, my returns and return information are confidential and are protected by law under the Internal Revenue Code. I desire to waive the confidentiality as provided by 26 USC 6103© and authorize the Internal Revenue Service to disclose any of my returns, return information, including audit reports, and work papers for the tax years \_\_\_\_\_ through \_\_\_\_\_, and any future years, to the *Mississippi Gaming Commission, P. O. Box 23577, Jackson, Mississippi 39225-3577*. This authorization is for my personal/corporate income tax return(s). In accordance with the Gaming Control Act and Regulation I.C., the Mississippi Gaming Commission has entered into a memorandum of understanding with the internal revenue service, which allows the commission to release confidential information contained in my records to the Internal Revenue Service. Execution of this document acknowledges the right of the Commission to disclose any information regarding me, in its possession, to the Internal Revenue Service.

Sincerely,

\_\_\_\_\_  
Taxpayer Signature Date

\_\_\_\_\_  
Taxpayer Signature (Spouse if Applicable) Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number of Spouse (If Applicable)

\_\_\_\_\_  
Employer Identification Number (If Applicable)

### NOTARY

STATE OF \_\_\_\_\_

SEAL

COUNTY OF \_\_\_\_\_

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\_\_\_\_\_  
Applicant's Signature

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

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public