

MISSISSIPPI GAMING COMMISSION CHARITABLE GAMING DIVISION

LICENSE APPLICATION TO MANUFACTURE BINGO SUPPLIES

Name of Company



Section 4 . 1 . 5



**MISSISSIPPI GAMING COMMISSION
CHARITABLE GAMING DIVISION**

**APPLICATION FOR A LICENSE TO MANUFACTURE BINGO SUPPLIES
TRANSMITTAL FORM**

SECTION 4.1.5

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
 Phone: (800) 504-7529 or (601) 576-3850

Name of Company

For MGC use only

<input type="checkbox"/>	License Application	
<input type="checkbox"/>	Inventory Listing and complete description of all supplies, equipment, or devices which are intended for manufacture/distribution for charitable bingo.	
<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"/>	Personal history questionnaire for each: Contact person, current officers, principals and partners. Number attached: _____	
<input type="checkbox"/>	Applicant's request to release information for each: Contact person, current officers, principals and partners. Number attached: _____	
<input type="checkbox"/>	Authorization Waiver for each: Contact person, current officers, principals and partners. Number attached: _____	
<input type="checkbox"/>	Manufacturer's Application Fee of \$2,500.00 (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



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

SECTION 4.1.5

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



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

SECTION 4.1.5

Name of Company _____

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 court, 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 by gaming related license and non-gaming related license.

Gaming Related States: _____

Non-Gaming Related 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 COMPANY

TREASURER



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

SECTION 4.1.5

Name of Company _____

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 _____

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

PERSONAL HISTORY QUESTIONNAIRE

(PLEASE TYPE OR PRINT ALL INFORMATION)

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 If married give maiden name of spouse
 Female 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
/			/					
/			/					
/			/					
/			/					
/			/					



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.

Applicant

Date

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 _____

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

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 _____

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_____.

My Commission Expires: _____

Notary Public