



**Missouri Gaming Commission  
Charitable Games Division  
P. O. Box 1847  
Jefferson City, MO 65102**

**IMPORTANT INFORMATION - PLEASE READ**

Dear Bingo License Applicant:

Enclosed is a Missouri Bingo License Application. Before completing the application form, please read the following information carefully to determine if your organization qualifies for a bingo license.

**PLEASE NOTE: EFFECTIVE JANUARY 1, 1995, NO RENTED OR REUSABLE (HARD CARDS) BINGO CARDS MAY BE USED TO CONDUCT ANY GAME. ALL GAMES MUST BE CONDUCTED WITH DISPOSABLE PAPER CARDS THAT ARE MARKED BY PERMANENT INK.**

**To qualify for a bingo license, you must be one of the following not-for-profit organizations. Also, you must have obtained an exemption from the payment of federal income taxes, as provided in the appropriate section of the Internal Revenue Code of 1954, as indicated below.**

1. **Charitable** - 501(c)(3)
2. **Fraternal** - 501(c)(5), 501(c)(8), or 501(c)(10)
3. **Religious** - 501(c)(3) or 501(d)
4. **Service** - 501(c)(4), 501(c)(5), or 501(c)(7)
5. **Veterans** - 501(c)(19)

**The Missouri Bingo License Application, Form 100, must be completed in its entirety and must be signed by the PRESIDENT and SECRETARY of the organization. Please refer to the application for instructions and additional attachments required.**

Please forward the completed application and applicable documentation to the Missouri Gaming Commission, Charitable Games Division, P. O. Box 1847, Jefferson City, MO 65102. If you have questions, please call 573-526-5370 or toll free in Missouri at 1-866-801-8643, FAX 573-526-5374. You may also visit our web site at [www.mgc.dps.mo.gov](http://www.mgc.dps.mo.gov).

## ILLEGAL GAMBLING DEVICES

In keeping with the Missouri Gaming Commission's emphasis on providing clear expectations to all bingo licensees, we must remind you that possessing, using and/or allowing other individuals to use or store gambling devices on the bingo premises is a serious violation of the law. Section 572.070 RSMo, 2000 provides that a person commits the crime of possession of a gambling device if, with knowledge of the character thereof, he manufactures, sells, transports, places or possesses, or conducts or negotiates any transaction affecting or designed to affect ownership, custody or use of: (1) A slot machine; or (2) Any other gambling device, knowing or having reason to believe that it is to be used in the State of Missouri in the advancement of unlawful gambling activity. Possession of a gambling device is a class A misdemeanor.

Gambling devices carry various name brands. In general terms, these gambling devices are what we commonly know as video poker or slot machines. You should not be misled by any distributor's assurances about the legality of video poker machines, or labels that state "For Amusement Only". Basically, a gambling device is any device for which there is a cost to play and an opportunity for winning cash or anything that has, or can be converted to tangible value. If any illegal gambling devices are ever found anywhere on the premises of any bingo licensee, the organization's bingo license will be revoked. Note that premises as used in this notice include the entire structure within which the bingo hall is located.

If you have any questions or doubts about the legality of any machines, please call the Missouri Gaming Commission, Enforcement Section of the Charitable Games Division at 573-526-5370, or toll free in Missouri 1-866-801-8643 for clarification.



MISSOURI GAMING COMMISSION  
 CHARITABLE GAMES DIVISION, PO BOX 1847,  
 JEFFERSON CITY, MO 65102, TELEPHONE: (573) 526-5370  
 IN-STATE TOLL FREE 1-866-801-8643, FAX: (573) 526-5374  
**MISSOURI BINGO LICENSE APPLICATION**

FORM  
**100**  
 (REV. 05-13)

**PLEASE TYPE OR PRINT LEGIBLY**

POSTMARK EFFECTIVE DATE EXPIRATION DATE

**• PLEASE PRINT OR TYPE ALL RESPONSES • ANSWER ALL QUESTIONS • DO NOT WRITE IN SHADED AREAS**

**INCOMPLETE APPLICATIONS WILL BE RETURNED. ALLOW 4-6 WEEKS TO PROCESS. TYPE OR PRINT USING BLACK INK**

1. TYPE OF APPLICATION (CHECK THE APPLICABLE BOX) <input type="checkbox"/> REGULAR ANNUAL LICENSE - \$50.00 FEE <input type="checkbox"/> SPECIAL BINGO AND PULL-TAB LICENSE - \$25.00 FEE	1a. IF YOUR ORGANIZATION PREVIOUSLY HELD A BINGO LICENSE OF ANY TYPE PROVIDE THE LICENSE NUMBER PREVIOUSLY ISSUED
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2. TYPE OF ORGANIZATION  
 RELIGIOUS     VETERAN     FRATERNAL     CHARITABLE     SERVICE     OTHER

3. IRS EXEMPTION CODE (ATTACHMENT REQUIRED)  
 501(C)3     501(C)4     501(C)5     501(C)7     501(C)8     501(C)10     501(C)19     501(D)

4. ORGANIZATION NAME	FEIN NUMBER
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ADDRESS WHERE BINGO CORRESPONDENCE SHOULD BE MAILED	ORGANIZATION TELEPHONE NUMBER
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CITY	STATE	ZIP CODE	COUNTY
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5. ORGANIZATION'S PHYSICAL LOCATION, I.E. STREET ADDRESS, HIGHWAY NUMBER, ETC. **DO NOT USE A P.O. BOX OR RURAL ROUTE.**

CITY	STATE	ZIP CODE	COUNTY
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6. How long has applicant organization been in existence? \_\_\_\_\_

7. If not incorporated, state how and when organized. \_\_\_\_\_

7a. If the organization is incorporated, indicate place and date of incorporation. \_\_\_\_\_  
 Also, attach a copy of the organization's Certificate of Corporate Good Standing **and** Articles of Incorporation from the MO Secretary of State's Office. If incorporated through the County Court, please attach a copy of the Pro Forma Decree of Incorporation.

8. Has your organization had twenty or more bona fide members for each of the previous five years?     YES     NO  
 (Attach proof of twenty members.)

9. Physical location(s) where the bingo game(s) will be conducted, i.e.: Street Address, Highway Number, etc. Do not use a P.O. Box or Rural Route \_\_\_\_\_

Complete and attach Schedule B, **if applying for a regular bingo license.**  
 Will bingo games be conducted on premises owned by the applicant organization?     YES     NO  
 If no, provide a premises lease agreement signed by an officer of the organization and an officer of the Hall Provider.  
 Also, indicate the Hall Provider's License Number \_\_\_\_\_

10. Please indicate below if the bingo games will be conducted with equipment owned or co-owned by the applicant organization or leased from a licensed supplier or manufacturer.

Owned - If purchasing new equipment, attach a copy of a purchase agreement with the licensed supplier.  
 Co-owned - If co-owned, a co-ownership of bingo equipment agreement must be attached and signed by all co-owners.  
 Leased - If leased, a lease agreement must be attached and signed by an officer of your organization and the licensed supplier.

11. Day of week, day sequence and time bingo is to be conducted: Day of week \_\_\_\_\_ Time \_\_\_\_\_  AM     PM  
 Day Sequence:  Every     Alternate     Other \_\_\_\_\_

11a. Second day of week, day sequence and time bingo is to be conducted: Day of week \_\_\_\_\_ Time \_\_\_\_\_  AM     PM  
 Day Sequence:  Every     Alternate     Other \_\_\_\_\_

12. Indicate the exact time of day your organization's paper and pull-tab sales will begin at each bingo session, if applying for a regular bingo license.  
 First day of week \_\_\_\_\_  AM    \_\_\_\_\_  PM    Second day of week \_\_\_\_\_  AM    \_\_\_\_\_  PM

13. If applying for a Special Bingo License, state date \_\_\_\_\_ Time \_\_\_\_\_ AM    PM  
 Name of event \_\_\_\_\_  
 Do you intend to play a Progressive Game at this event? (See instructions)     YES     NO

14. Has your organization ever had any previous bingo application refused, revoked or suspended?     YES     NO  
 If yes, what was your bingo license number \_\_\_\_\_

15. Describe the purpose for which bingo proceeds will be used in detail \_\_\_\_\_

16. License number of your bingo supplier(s) \_\_\_\_\_

17. Indicate if electronic bingo card monitoring devices will be available to the players.  YES  NO

If so, please indicate the name or license number of the supplier providing the devices. \_\_\_\_\_

18. Provide the name, address and daytime telephone number of the person(s) authorized to receive service of legal papers and commission documents on behalf of the organization. This individual(s) must also be required to notify the Commission as to any changes in the application or organization.

Name \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

19. Provide the name, address and daytime telephone number of the bingo chairperson.

Name \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

20. Provide a copy of your organization's bingo game sheet and house rules, **if applying for a regular bingo license.**

21. Complete Schedule A and attach to application.

The undersigned do hereby state under penalties of perjury that all statements in the foregoing application are true and correct; that the workers of the game are two year bona fide members of the sponsoring organization, the officers and workers have not been convicted of a felony, and they are fully aware of eligibility restrictions stated in Section 313.035 RSMo and 313.040(2) RSMo. The organization acknowledges that any license granted by the Commission is subject to the provisions of Chapter 313 RSMo and the Regulations promulgated thereunder. Failure to comply thereto will subject its license to suspension or revocation. Further, the organization agrees to allow inspections by the Commission made in accordance with the above and authorizes the Commission or its agents to examine and secure copies of any records or documents in connection with its bingo game, to include those on file with a bookkeeper. The organization authorizes the Commission to secure copies of financial records to include, but not limited to, signature cards, checking and savings accounts, deposit and withdrawal records and any other financial records established in connection with the organization. **Failure to submit records requested could result in the immediate suspension or revocation of your bingo license.**

SIGNATURE OF PRESIDENT

DAYTIME TELEPHONE

SIGNATURE OF SECRETARY

DAYTIME TELEPHONE

**WARNING**

Each question must be answered fully, accurately and completely. Any misrepresentation or omission can result in the denial, suspension or revocation of your application and/or license. When information is unknown, so indicate. You must make a reasonable inquiry to determine the answers to all questions. Any statement that is not true or not disclosed, which becomes known at any later date, is cause for revocation of the organization's bingo license.

**FOR COMMISSION USE ONLY**

**MAIL APPLICATION AND SUPPORTING DOCUMENTS TO**

APPLICATION IS	COMMENTS	LICENSE NO.	CHECK NO.	LICENSE FEE
<input type="checkbox"/> APPROVED	SIGNATURE			\$
<input type="checkbox"/> DISAPPROVED				DATE

**MISSOURI GAMING COMMISSION  
CHARITABLE GAMES DIVISION  
PO BOX 1847  
JEFFERSON CITY, MO 65102**

## MISSOURI BINGO LICENSE APPLICATION INSTRUCTIONS

- Line 1. Place an "X" in the box beside the type of application for which your organization is applying.
- Line 1a. If your organization previously held a bingo license of any type, provide the license number previously issued in the space provided.
- NOTE: Regular Annual License** - This should be requested if your organization intends to hold a bingo game on a regular basis (up to two events per week) during the year. Attach \$50.00 license fee.
- Special Bingo and Pull-Tab License** - This license should be requested if your organization intends to hold a bingo game, at which pull-tabs may be sold during an event such as a fair, picnic, festival or celebration, not exceeding one week and which is held not more than once annually. Attach \$25.00 license fee.
- Line 2. Place an "X" in the box beside the type of organization requesting license.
- Line 3. Place an "X" in the box beside the code that denotes the IRS exemption from payment of federal income tax. Attach a copy of the document from the Internal Revenue Service which attests to your exempt status. (note: Not required if previously submitted to the Commission.)
- Line 4. Enter the name, mailing address and telephone number of the organization, and federal identification number.
- Line 5. Enter the organization's physical location, i.e. street address, highway number, county road number, etc. do not use a p.o. box or rural route.
- Line 6. Enter the length of time your organization has been in existence. Provide proof that your organization has been in continuous existence within this state for each of the past five (5) years, i.e. a copy of one (1) bank statement per year for the last five (5) years, a copy of one (1) church bulletin for each of the past five (5) years, etc. (note: Proof is not required if previously submitted to the Commission.)
- Line 7. If the organization **is not** a corporation, enter how and when organized in the space provided.
- Line 7a. If the organization **is** incorporated, indicate the place and date of incorporation in the space provided. Also, attach a copy of the organization's Certificate of Corporate Good Standing **and** Articles of Incorporation from the Missouri Secretary of State's Office. If incorporated through the County Court, please attach a copy of the Pro Forma Decree of Incorporation. (note: Attachments not required if previously submitted to the Commission.)
- Line 8. Place an "X" in the space provided for the correct response. Attach a copy of a membership roster which includes the date of membership, and contains at least twenty individuals who have been members for the previous five years. (Proof is not required if previously submitted to the Commission.)
- Line 9. Enter the exact physical location(s) in enough detail to easily locate where the bingo game(s) will be held. Place an "X" in the space provided for the correct response. If response is NO, the hall provider's license number(s) must be provided, along with a copy of the signed premises lease agreement(s) between the hall provider(s) and the organization. Complete the Schedule B, **if applying for a regular bingo license.**
- Line 10. Place an "X" in the space provided for the correct response. If bingo equipment is owned, attach a purchase agreement or statement explaining how the equipment was obtained. If bingo equipment is co-owned, attach a co-ownership of bingo equipment agreement, which must be signed by **all** co-owners. If bingo equipment is leased, please attach a signed lease agreement between the licensed supplier and your organization.
- Line 11. Enter the day of week, day sequence and time bingo is to be conducted.
- Line 11a. Enter second day of the week, if your organization intends to hold a second bingo in the same week.
- Line 12. Place the exact time of day in the space provided. If this is the same time of your bingo game, please explain. This cannot exceed three (3) hours prior to drawing the first bingo ball and pull-tabs may not be sold prior to 7:00 a.m.
- Line 13. Enter the date and name of event for Special Bingo License. If you currently hold a regular bingo license number beginning with B-, and you are applying for a special event license, you may conduct your progressive game at the special event if approved by the Commission. If you answer yes: 1. The special event must be open to the public. 2. You must announce at your regular weekly bingo occasions that the progressive game will be played at the special event including the date and time of the event. 3. You must submit a copy of your Progressive Bingo Game Activity Report for the current quarter with your Special License Application.
- Line 14. Place an "X" in the space provided for the correct response. If YES, provide your previous bingo or abbreviated pull-tab license number.
- Line 15. Describe in detail the purpose for which bingo proceeds will be used.
- Line 16. Provide your bingo supplier(s) license number.
- Line 17. Place an "X" in the space provided for the correct response. If YES, provide the name or license number of the bingo supplier.
- Line 18. Enter the name, address and daytime telephone number of the person(s) authorized to receive service of legal papers and commission documents on behalf of the organization. Attach an additional sheet, if necessary.
- Line 19. Enter the name, address and daytime telephone number of the bingo chairperson who shall be responsible for the overall supervision, management and conduct of the bingo activities, pursuant to Bingo Rule 11 CSR 45-30.060.
- Line 20. Attach a copy of your organization's bingo game sheet and house rules, pursuant to Bingo Rule 11 CSR 45-30.150. The house rules should contain information regarding the cost of bingo cards or opportunities or other information desired by the licensee, which clearly explain how players are awarded prizes for bingo and pull-tabs.
- Line 21. Attach completed Schedule A. **For individuals being submitted for the first time, include a copy of the individual's driver license or state-issued ID.**

The Bingo License Application must be signed by the **President and Secretary of the applicant organization.**

## THE FOLLOWING MUST BE SUBMITTED WITH BINGO APPLICATIONS

1. Check or money order in the applicable amount indicated in Line 1 (\$25.00, \$50.00) made payable to the Missouri Gaming Commission.
2. Proof of bingo checking account, i.e. voided check or letter from the bank. (Not required by holder of a Special License, **unless** the organization obtains more than three (3) bingo licenses annually or if previously submitted to the Commission.)
3. All governing instruments of your organization, including, but not limited to, the following: Certificate of Corporate Good Standing and Articles of Incorporation, Constitution and By-Laws, Articles of Agreement. (NOTE: Not required if previously submitted to the Commission.)

## MAIL COMPLETED APPLICATION FORM AND REQUIRED ATTACHMENTS TO:

MISSOURI GAMING COMMISSION, CHARITABLE GAMES DIVISION  
PO BOX 1847  
JEFFERSON CITY, MO 65102



**MISSOURI GAMING COMMISSION**  
**CHARITABLE GAMES DIVISION**  
**PO BOX 1847**  
**JEFFERSON CITY MO 65102**

**BINGO CHAIRPERSON FORM**

BINGO LICENSE NUMBER	
ORGANIZATION NAME	

In accordance with this regulation, please **provide in the space below** the name, address, social security number, date of birth and daytime telephone number of the bingo chairperson of your organization.

*Regulation 11 CSR 45-30.060 (1) states, "Each application or renewal application shall designate a bingo chairperson who shall be responsible for the overall supervision, management and conduct of the bingo activities. The bingo chairperson shall maintain, or be responsible for maintaining, all records necessary to accurately reflect the bingo operations and shall timely file all required reports. **The commission shall be notified as soon as possible but not later than thirty (30) calendar days from the date of any change of the bingo chairperson.**"*

BINGO CHAIRPERSON NAME	
ADDRESS	
CITY, STATE & ZIP	
SOCIAL SECURITY NUMBER	
DATE OF BIRTH	
DAYTIME TELEPHONE	



Missouri Gaming Commission  
 Charitable Games Division  
 PO Box 1847, Jefferson City, MO 65102

**CURRENT OFFICERS AND BINGO OR ABBREVIATED PULL-TAB WORKERS - SCHEDULE A**

**THE FOLLOWING ARE THE CURRENT OFFICERS AND BINGO OR ABBREVIATED PULL-TAB WORKERS OF:**

NAME OF ORGANIZATION	BINGO OR ABBREVIATED PULL-TAB LICENSE NUMBER
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**PLEASE ATTACH ADDITIONAL PAGES, IF APPLICABLE.**

**OFFICERS**

LIST CURRENT OFFICERS OF YOUR ORGANIZATION. NAMES SHOULD BE LISTED AS SHOWN ON THE INDIVIDUAL'S DRIVER LICENSE OR STATE-ISSUED ID. IF BEING SUBMITTED FOR THE FIRST TIME, INCLUDE A COPY OF THE DRIVER LICENSE OR STATE-ISSUED ID. **\*OFFICERS WHO ARE NOT TWO YEAR BONA FIDE MEMBERS SHALL NOT BE INVOLVED IN THE MANAGEMENT, CONDUCT, OR OPERATION OF THE BINGO GAMES.**

NAME				NAME			
TITLE			DAYTIME TELEPHONE NUMBER	TITLE			DAYTIME TELEPHONE NUMBER
ADDRESS				ADDRESS			
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
DATE OF BIRTH		SOCIAL SECURITY NUMBER		DATE OF BIRTH		SOCIAL SECURITY NUMBER	
NAME				NAME			
TITLE			DAYTIME TELEPHONE NUMBER	TITLE			DAYTIME TELEPHONE NUMBER
ADDRESS				ADDRESS			
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
DATE OF BIRTH		SOCIAL SECURITY NUMBER		DATE OF BIRTH		SOCIAL SECURITY NUMBER	
NAME				NAME			
TITLE			DAYTIME TELEPHONE NUMBER	TITLE			DAYTIME TELEPHONE NUMBER
ADDRESS				ADDRESS			
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
DATE OF BIRTH		SOCIAL SECURITY NUMBER		DATE OF BIRTH		SOCIAL SECURITY NUMBER	
NAME				NAME			
TITLE			DAYTIME TELEPHONE NUMBER	TITLE			DAYTIME TELEPHONE NUMBER
ADDRESS				ADDRESS			
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
DATE OF BIRTH		SOCIAL SECURITY NUMBER		DATE OF BIRTH		SOCIAL SECURITY NUMBER	
NAME				NAME			
TITLE			DAYTIME TELEPHONE NUMBER	TITLE			DAYTIME TELEPHONE NUMBER
ADDRESS				ADDRESS			
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
DATE OF BIRTH		SOCIAL SECURITY NUMBER		DATE OF BIRTH		SOCIAL SECURITY NUMBER	

**Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is correct and complete. I will comply with all of the provisions of Chapter 313 and the regulations adopted thereunder.**

SIGNATURE	DATE
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**APPROVED MISSOURI BINGO SUPPLIERS  
JANUARY 1, 2013**

**BINGO OPERATORS MAY ONLY BUY BINGO PAPER OR PULL-TABS, AND BUY OR LEASE BINGO EQUIPMENT FROM THE APPROVED SUPPLIERS LISTED BELOW.**

All American Bingo (P-1055)  
12947 A Gravois Rd  
Sunset Hills MO 63127  
Phone – 314-991-1214 / 800-752-4675  
Email - [info@bingoallamerican.com](mailto:info@bingoallamerican.com)

MMG Inc D/B/A  
Bingo Supply Center (P-1075)  
20383 East K Highway  
Nevada MO 64772  
Phone - 417-667-2680 / 888-749-6556  
Email – [darrymiller@wildblue.net](mailto:darrymiller@wildblue.net)



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573-526-5370  
FAX 573-526-5374

### PLAYING LOCATION DIRECTIONS - SCHEDULE B

NAME OF ORGANIZATION

BINGO LICENSE NUMBER

PLAYING LOCATION ADDRESS

**Please provide detailed directions to your bingo hall starting from a major highway in your city or town.**

**For Example:** Take Highway 63 South to Meramec Street and turn right. There will be a Blockbuster Video on the corner. Go 4 blocks to Charles Street and turn left. Our hall is located at 317 Charles Street.

**Directions:**