

BC-2A

APPLICATION FOR BINGO LICENSE

NYS RACING & WAGERING BOARD
1 Broadway Center, Suite 600
Schenectady, NY 12305-2553
Telephone (518) 395-5400 Fax (518) 347-1469
www.racing.state.ny.us



Name of Organization													
BC-	□□	-	□□□□	-	□□□□	-	□□□□□□		□□	/	□□	/	□□
NYS Identification Number									Date				

SCHEDULE 1:

OFFICERS AND DIRECTORS

TITLE	NAME	DATE OF BIRTH	STREET ADDRESS	CITY	ZIP
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Attach additional sheet if necessary.

SCHEDULE 2:

MEMBERS IN CHARGE OF GAMES

(ALL MEMBERS IN CHARGE OF GAMES MUST BE MEMBERS OF APPLICANT ORGANIZATION)

NAME	DATE OF BIRTH	YEARS OF MEMBERSHIP	STREET ADDRESS	CITY	ZIP
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SCHEDULE 3:

AUXILIARY/AFFILIATE ORGANIZATIONS ASSISTING AT GAMES

(MAXIMUM OF 2 AUXILIARIES/AFFILIATES. EACH AFFILIATE LISTED MUST HAVE ITS OWN ID NUMBER.)

NAME OF AUXILIARY/AFFILIATE	BINGO ID NUMBER
_____	_____
_____	_____



SCHEDULE 4: ASSISTANTS TO MEMBERS IN CHARGE OF GAMES

List all members of applicant organization and members of authorized affiliates and auxiliary who will assist with games.

YEARS OF

MEMBER NAME	DATE OF BIRTH	MEMBERSHIP	STREET ADDRESS	CITY	ZIP
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Attach additional sheet if necessary.

