



**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	