



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

## **IMPORTANT INFORMATION - PLEASE READ**

Dear Special Abbreviated Pull-Tab License Applicant:

Enclosed is a Missouri Special Abbreviated Pull-Tab License Application. Before completing the application form, please read the following information carefully to determine if your organization qualifies for the abbreviated pull-tab license.

**To qualify for a Special Abbreviated Pull-Tab 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 Special Abbreviated Pull-Tab License should be requested, if your organization intends to sell pull-tabs only without conducting bingo. This license is valid for a period not to exceed 24 hours or 1 day. You may conduct up to fifteen (15) of these pull-tab events per calendar year.**

**The Missouri Special Abbreviated Pull-Tab License Application, Form 105, must be completed in its entirety and must be signed by the CHIEF OFFICER or SECRETARY of the organization. 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 known 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 SPECIAL ABBREVIATED PULL-TAB LICENSE APPLICATION**

FORM  
**105**  
 (REV. -1 )

**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 <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL	A FEE OF \$10.00 IS DUE FOR EACH LICENSE. EACH LICENSE IS VALID FOR A PERIOD NOT TO EXCEED 24 HOURS OR 1 DAY. LIMIT OF 15 LICENSE PER CALENDAR YEAR. <b>NUMBER OF EVENTS _____ X \$10.00 = AMOUNT DUE \$ _____</b>	1a. IF YOUR ORGANIZATION PREVIOUSLY HELD A BINGO LICENSE OF ANY TYPE OR AN ABBREVIATED PULL-TAB LICENSE 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 \_\_\_\_\_

**ADDRESS WHERE PULL-TAB CORRESPONDENCE SHOULD BE MAILED** \_\_\_\_\_ ORGANIZATION TELEPHONE NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTY \_\_\_\_\_

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 \_\_\_\_\_

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

10. Describe the purpose for which pull-tab proceeds will be used in detail. \_\_\_\_\_

11. License number of your pull-tab supplier(s) \_\_\_\_\_

12. Complete the following for each Special Abbreviated Pull-Tab License requested (No more than fifteen per calendar year). If you do not know the approximate dates of these events, we suggest you wait and apply at a later date. **If the date provided for any event listed changes, please return the license fifteen days prior to the actual event with the correct date noted on the license itself and a new license will be issued for the correct date.**

(1). Date and time of scheduled event \_\_\_\_\_ Start Time \_\_\_\_\_  AM  PM End Time \_\_\_\_\_  AM  PM  
 Physical location where the pull-tab event is to be conducted, i.e.: Street Address, Highway Number, etc. Do not use a P.O. Box or Rural Route \_\_\_\_\_

Will pull-tab 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 premises owner.

(2). Date and time of scheduled event \_\_\_\_\_ Start Time \_\_\_\_\_  AM  PM End Time \_\_\_\_\_  AM  PM  
 Physical location where the pull-tab event is to be conducted, i.e.: Street Address, Highway Number, etc. Do not use a P.O. Box or Rural Route \_\_\_\_\_

Will pull-tab 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 premises owner.

(3). Date and time of scheduled event \_\_\_\_\_ Start Time \_\_\_\_\_  AM  PM End Time \_\_\_\_\_  AM  PM  
 Physical location where the pull-tab event is to be conducted, i.e.: Street Address, Highway Number, etc. Do not use a P.O. Box or Rural Route \_\_\_\_\_

Will pull-tab 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 premises owner.

(4). Date and time of scheduled event \_\_\_\_\_ Start Time \_\_\_\_\_  AM  PM End Time \_\_\_\_\_  AM  PM  
 Physical location where the pull-tab event is to be conducted, i.e.: Street Address, Highway Number, etc. Do not use a P.O. Box or Rural Route  
 \_\_\_\_\_

Will pull-tab 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 premises owner.

13. 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 \_\_\_\_\_

14. Provide the name, address and daytime telephone number of the bingo/pull-tab chairperson.

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

15. 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 ZRHNH/RJ WH game are two year bona fide members of the sponsoring organization, WHRIIFHV/DQGZRHNHV have not been convicted of a felony and they are fully DZDUHRI eligibility restrictions stated in Section 313.035 RSMo and 313.040(2) RSMo. The organization acknowledges that any license granted by the &RP P LVMRQIV subject to the provisions of Chapter 313 RSMo and the Regulations promulgated thereunder. Failure to comply thereto will subject its license W VVSHQMRQRU revocation. Further, the organization agrees to allow inspections by the Commission made in accordance with the above and authorizes the &RP LVMRQRULW agents to examine and secure copies of any records or documents in connection with its pull-tab game, to include those on file with a ERRNHSHU 7KH organization authorizes the Commission to secure copies of financial records to include, but not limited to, signature cards, checking and VDMQIV DFFRXQW 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 abbreviated pull-tab license.**

SIGNATURE OF A CHIEF OFFICER OR SECRETARY	TITLE	DAYTIME TELEPHONE
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**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 abbreviated pull-tab license.

FOR COMMISSION USE ONLY					MAIL APPLICATION AND SUPPORTING DOCUMENTS TO
APPLICATION IS  <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	COMMENTS	LICENSE NO.	CHECK NO.	LICENSE FEE \$	MISSOURI GAMING COMMISSION CHARITABLE GAMES DIVISION PO BOX 1847 JEFFERSON CITY, MO 65102
SIGNATURE				DATE	

## MISSOURI ABBREVIATED PULL-TAB 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 or abbreviated pull-tab license, provide the license number previously issued in the space provided.
- NOTE: The **Special Abbreviated Pull-Tab License** should be requested if your organization intends to sell pull-tabs only without conducting bingo. This license is valid for a period not to exceed 24 hours or 1 day. You may conduct no more than fifteen of these pull-tab events per calendar year. NOTE: If you do not know the dates of the events, we suggest you apply for only the dates you know at this time and complete a separate application later for the remaining events.
- 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 in 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. Place an "X" in the space provided for the correct response. If response is YES, provide your previous bingo or abbreviated pull-tab license number.
- Line 10. Describe in detail the purpose for which pull-tab proceeds will be used.
- Line 11. Provide your pull-tab supplier(s) license number
- Line 12. Enter the approximate date of each scheduled abbreviated pull-tab event, along with the start time and end time. If applying for more than 4 abbreviated pull-tab events, attach a separate sheet to include this information for the additional events. Enter the exact physical location in enough detail to easily locate where the pull-tab event is to be conducted. Do not use P.O. Box or Rural Route. Place an "X" in the space provided for the correct response referring to where each event will be conducted. If NO, attach a copy of the signed premises lease agreement between the premises owner and the organization for each scheduled event. All leases must be signed by an officer of the premises owner and an officer of the applicant organization.
- Line 13. 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 14. Enter the name, address and daytime telephone number of the bingo/pull-tab 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 15. 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 Special Abbreviated Pull-Tab License Application must be signed by a **Chief Officer, such as President, Vice President, Treasurer, or Secretary of the applicant organization.**

## THE FOLLOWING MUST BE SUBMITTED WITH SPECIAL ABBREVIATED PULL-TAB APPLICATIONS

1. Check or money order in the applicable amount (\$10.00 per license requested) made payable to the Missouri Gaming Commission.
2. 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.)
3. Proof of bingo checking account, i.e. voided check or letter from the bank if the organization obtains more than three (3) Abbreviated Pull-Tab and/or Special Bingo Licenses annually. (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 SUPPLIER**  
**JANUARY 1, 2017**

**BINGO OPERATORS MAY ONLY BUY BINGO PAPER OR PULL-TABS, AND BUY OR LEASE BINGO EQUIPMENT FROM THE APPROVED SUPPLIER 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)



MISSOURI GAMING COMMISSION  
CHARITABLE GAMES DIVISION  
PO BOX 1847  
JEFFERSON CITY MO 65102  
TOLL FREE 1-866-801-8643  
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:**