



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
----------------------	--

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	

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
-----------	------

