BC-2A

APPLICATION FOR BINGO LICENSE

NYS RACING & WAGERING BOARD
1 Watervliet Ave. Ext., Suite 2
Albany, NY 12206-1668
Telephone (518) 453-8460 Fax (518) 453-8492
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.

MEMBER NAME	DATE OF BIRTH	YEARS OF MEMBERSHIP	STREET ADDRESS	CITY	ZIP
	/ /				
	/ /				
	/ /				