

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

Table with 6 columns: TITLE, NAME, DATE OF BIRTH, STREET ADDRESS, CITY, ZIP. Multiple rows for listing officers and directors.

Attach additional sheet if necessary.

SCHEDULE 2:

MEMBERS IN CHARGE OF GAMES

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

Table with 6 columns: NAME, DATE OF BIRTH, YEARS OF MEMBERSHIP, STREET ADDRESS, CITY, ZIP. Multiple rows for listing members in charge of games.

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



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Form for Name of Organization, NYS Identification Number, and Date.

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NAME OF AUXILIARY/AFFILIATE

BINGO ID NUMBER

Blank line for Name of Auxiliary/Affiliate

Blank line for Bingo ID Number

