



# Division of Charitable Gaming

## Form BC-102/102A Schedule A

### Bingo Rental Statement

(To be filed with Form BC-101  
"Application for Commercial Lessor's License")

Name of Applicant \_\_\_\_\_

Location of Premises \_\_\_\_\_

Description: Building Size \_\_\_\_\_ x \_\_\_\_\_ Number of Floors \_\_\_\_\_ Date of Construction \_\_\_\_\_

#### Areas to be Rented

Floor No.	Wide	Long	Lawful Capacity for Public Assembly Purposes	Floor No.	Wide	Long	Lawful Capacity for Public Assembly Purposes
_____	_____	x _____	_____	_____	_____	x _____	_____
_____	_____	x _____	_____	_____	_____	x _____	_____

HAVE PREMISES EVER BEEN USED FOR BINGO RENTAL? \_\_\_\_ Yes \_\_\_\_ No

If yes, for how long? \_\_\_\_//\_\_\_\_//\_\_\_\_ to \_\_\_\_//\_\_\_\_//\_\_\_\_

SKETCH THE PREMISES SHOWING THE DIMENSIONS AND AREAS TO BE RENTED. (New applicants only)

1. Total number of times premises are leased out during a calendar year \_\_\_\_\_

2. Total number of times premises are leased out for bingo during a calendar year \_\_\_\_\_

3. Percentage of total times premises are leased out for bingo during a calendar year \_\_\_\_\_

4. If premises are owned by lessor, list the following:

a) Date premises purchased \_\_\_\_\_

b) Original cost \_\_\_\_\_

c) Total capital improvements made \_\_\_\_\_

d) Current assessed value of premises \_\_\_\_\_

e) Current book value of premises \_\_\_\_\_

5. If premises are leased by lessor, list the following:

a) Name and address of owner \_\_\_\_\_

b) Term of lease: \_\_\_\_//\_\_\_\_//\_\_\_\_ to \_\_\_\_//\_\_\_\_//\_\_\_\_

c) Annual rent \_\_\_\_\_

6. Income and expenses: (From \_\_\_\_\_//\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_//\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_) *Must be a 12 month period*

Gross Income:

Bingo rentals: \_\_\_\_\_

Concession income: \_\_\_\_\_

All other income from subject premises (attach schedule) \_\_\_\_\_

Total: \_\_\_\_\_

Operating Expenses:	Actual Expenses	Expenses Directly Attributable to Bingo (if applicable)	Estimated Expenses for New License Period. Attach Schedule Explaining all differences over \$1,000 from actual
Compensation (Schedule 1)	\$ _____	\$ _____	\$ _____
Salaries (Schedule 2)	\$ _____	\$ _____	\$ _____
Payroll Taxes	\$ _____	\$ _____	\$ _____
Maintenance	\$ _____	\$ _____	\$ _____
Utilities	\$ _____	\$ _____	\$ _____
Repairs	\$ _____	\$ _____	\$ _____
Rents	\$ _____	\$ _____	\$ _____
Taxes (Schedule 3)	\$ _____	\$ _____	\$ _____
Interest (Schedule 3)	\$ _____	\$ _____	\$ _____
Depreciation (Schedule 4)	\$ _____	\$ _____	\$ _____
Accounting fees	\$ _____	\$ _____	\$ _____
Insurance (Schedule 5)	\$ _____	\$ _____	\$ _____
Legal fees	\$ _____	\$ _____	\$ _____
Rubbish removal	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____
Supplies	\$ _____	\$ _____	\$ _____
Commercial Lessor License fee	\$ _____	\$ _____	\$ _____
Other expenses	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Subtotal	\$ _____	\$ _____	\$ _____
Amortization allowance (Schedule 6)	\$ _____	\$ _____	\$ _____
<b>Total</b>	\$ _____	\$ _____	\$ _____

7. List organizations renting premises:

Organization	Occasions	Rent Charged	Rent Requested
_____	Sunday Evening	_____	_____
_____	Saturday Evening	_____	_____
_____	Friday Evening	_____	_____
_____	Thursday Evening	_____	_____
_____	Wednesday Evening	_____	_____
_____	Tuesday Evening	_____	_____
_____	Monday Evening	_____	_____
_____	Sunday Afternoon	_____	_____
_____	Saturday Afternoon	_____	_____
_____	Friday Afternoon	_____	_____
_____	Thursday Afternoon	_____	_____
_____	Wednesday Afternoon	_____	_____
_____	Tuesday Afternoon	_____	_____
_____	Monday Afternoon	_____	_____

**Schedule 1 – Compensation Management**

Name	Title	Description of Duties	Weekly Hours Worked	Annual Compensation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Compensation \$ \_\_\_\_\_

**Schedule 2 – Other Salaries**

Name of Employee	Position	Description of Work	Weekly Hours Worked	Weekly Salary	Annual Salary
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total Salaries \$ \_\_\_\_\_

**Schedule 3 – Interest and Taxes**

Explanation	Amount	Explanation	Amount

**Schedule 4 – Depreciation**

1. Description of Property	2. Date Acquired	3. Cost or other basis	4. Depreciation allowed or allowable in prior years	5. Method of computing depreciation	6. Life or rate	7. Depreciation for this year
Buildings						
Furniture and fixtures						
Machinery and other equipment						
Other (specify) _____						

Total cost or other basis \$ \_\_\_\_\_

Total depreciation for this year \$ \_\_\_\_\_

**Schedule 5 – Insurance**

Insurance Company	Coverage	Term of Policy	Premium

Total Premium \$ \_\_\_\_\_

**Schedule 6 – Amortization**

1. Description	2. Date completed or acquired	3. Cost or other basis	4. Amortization allowed or allowable in prior years	5. Method of computing amortization	6. Life or rate	7. Amortization for this year
Initial Conversion Expense	_____	_____	_____	_____	_____	_____
Leasehold Acquisition Expense	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
					Total cost or other basis \$	_____
					Total amortization for this year \$	_____

**Schedule 7 – Officers and Stockholders of Owner of Premises**

Name of Officer and Stockholder	Address	Percent of Stock Owned
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Schedule 8 – Name and Address of Operator of Concession;  
if a, corporation list name and address of all officers and stockholders**

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## INSTRUCTIONS

This is an original application, copies of the following items must be submitted with the application:

1. Place of Assembly Permit.
2. Certificate of Occupancy.
3. Application for Building Permit.
4. Building Permit.
5. Photographs of the following taken before or after any alterations made to convert or modify premises:
  - a) All exterior elevations.
  - b) Full interior of building, all floors.
  - c) Refreshment area.
  - d) Supply storage area for organizations leasing premises.
  - e) All exits and stairways.
6. All existing leases including, lease or agreement with operator of refreshment facility.
7. Plans and specifications and contracts for all alterations that have been or will be made to the building, if not included in number 3 or 4 above.

## CERTIFICATION

I certify, subject to the penalties of perjury that the information furnished in this statement and accompanying schedules are true and correct to the best of my knowledge and that I understand that it will be considered as an integral part of the application for commercial lessor's license.

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Print Name of Authorized Officer

Title

Signature

Date

## INDEPENDENT PUBLIC ACCOUNTANT'S OPINION

The undersigned represents that he/she is independently in the practice of public accounting, and that he/she has made an independent examination of the financial records of the above applicant for the period stated above, in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as he/she considered necessary in the circumstances and accompanying schedules was reviewed on the basis of such examination and, in the opinion of the undersigned, fairly represents the financial operations of this applicant in the form required.

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Print Name

Title

Signature

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Address

Phone Number

Date