



Division of Charitable Gaming
GC/BC FORM 101
Application for Commercial Lessor's License

Instructions: Complete this form in duplicate. File one copy in the office of the municipal governing body where the premises is located and file the other copy with the NYS Gaming Commission at: NYS Gaming Commission, PO Box 7500 Schenectady, NY 12301-7500. If the premises is located in New York City, file with the Department of Consumer Affairs.

1. Name of Applicant (include d/b/a): \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Street City/Town/Village State Zip Code

Phone Email

2. Location of Premises to be Licensed:

Street City/Town /Village State Zip Code

Block and Lot (if any) County Phone

3. Individual Partnership Joint Venture Association Corporation Other (specify)
Corporations - Attach Schedule C Individuals - Attach Schedule D All others - Attach Schedule B

NOTE: All applicants, excluding individuals, must attach a Schedule D for each person having greater than 10% proprietary, equitable or credit interest.

4. Officer or person who can furnish records and information concerning applicant:

Name Title Phone Email

Address Street City/Town/Village State Zip Code

5. Owner of Premises:

NOTE: Only an owner or net lessee as defined in Section 476(9) of the General Municipal Law is eligible to apply for a license.

Name Phone Email

Address Street City/Town/Village State Zip Code

NOTE: If applicant is not the owner of the premises, owner must complete and attach applicable statements.

6. Complete and attach Bingo Rental Statement (Schedule A)

7. Have premises ever been previously used for the conduct of bingo? Yes No

When? \_\_\_\_\_

8. Has an application for this license ever been denied? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes" give details \_\_\_\_\_

9. If a license has previously been granted, has a rental charge in excess of the rates fixed by schedule ever been made?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

10. Has your license ever been suspended or revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes", give details \_\_\_\_\_

11. (a.) State whether any person not an applicant herein, or if a corporate applicant, any person not an officer, director, or stockholder of such corporation has any interest, financial, proprietary or other, direct or indirect, in the premises to be licensed, or has made any loan to the applicant for said premises or has any lien or mortgage on the fixtures in the premises. \_\_\_\_\_ Yes \_\_\_\_\_ No

(b) If yes, set forth the names and addresses of such persons, the nature of the interest and the date acquired:

Name	Address	Nature of Interest	Date Acquired
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. (a.) Has applicant or (if a partnership) any of the partners or (if a corporation) any of the officers, directors or stockholders ever been engaged knowingly in business with a professional gambler, gambling promoter or convicted criminal? \_\_\_\_\_ Yes \_\_\_\_\_ No

(b.) If "yes", give details \_\_\_\_\_

**I hereby certify that all the attached Schedules are a material part hereof and are incorporated herein as if set out in full in the application. All the answers contained in this application are a material part hereof.**

**I further certify that I have read and am familiar with the specifications contained in the definition of "authorized commercial lessor" set forth in section four hundred seventy-six of the general municipal law and that the applicant in all respects conforms with these specifications.**

**I hereby acknowledge that if there is any change with respect to any of the facts herein set forth, during the pendency of the application, such change must be reported to the municipal governing body immediately by the undersigned and that if any change occurs after the issuance of the license applied for, such change must be reported to the municipal governing body within (10) days of the date of such change. I acknowledge that failure to give the requisite notice will constitute a violation of the rules and regulations of the New York State Gaming Commission and may result in a proceeding to suspend or revoke such license.**

\_\_\_\_\_, \_\_\_\_\_ being duly sworn and says that he/she is  
(Print Name of Applicant) (Title)

the person above named, that he/she has read the foregoing statement and the answer therein noted, and that such answers are true and that he/she has personally affixed his/her signature to this affidavit.

**NOTARY STAMP**

Sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Signature of Notary Public)