



STATEMENT OF ELIGIBILITY TO CONDUCT REMOTE CALLER BINGO CGCC-618 (New 03/09)

Pursuant to California Code of Regulations, Title 4, section 12504 and California Penal Code (PC) section 326.3(b)(1), remote caller bingo games may only be conducted by organizations that meet specific criteria. The California Gambling Control Commission (Commission) regulates remote caller bingo and recognizes organizations that are eligible to conduct remote caller bingo games.

Instructions:

Type or print legibly, in ink, all information requested on this statement. If a question does not apply, write "N/A" (Not Applicable). Incomplete statements will be returned. You must provide truthful information in all your responses. All answers to questions on this statement and on all supplemental documentation will be subject to verification.

Send the completed statement package with required fees (listed below) to: California Gambling Control Commission, 2399 Gateway Oaks Drive, Suite 220, Sacramento, CA 95833-4231. Please make all checks payable to the California Gambling Control Commission.

SECTION 1 – STATEMENT OF ELIGIBILITY TYPE			
<input type="checkbox"/> Initial Statement: \$50.00 (non-refundable fee) Submit the following documents with your completed statement: <ul style="list-style-type: none"> ✓ Founding documents (i.e. Articles of Incorporation, bylaws, constitution, articles of association, trust instrument or will and decree of final distribution, or statement describing your operations and charitable purpose.) ✓ Copy of Certificate of Determination of Exemption from the Franchise Tax Board. ✓ Organization chart or a listing of the names and titles of trustees, directors, and officers 			
<input type="checkbox"/> Annual Statement: \$25.00 (non-refundable fee) 1) Have there been any changes to the organization's eligibility since last filing a statement? <input type="checkbox"/> Yes: Complete all sections and attach any amended documents, if applicable. <input type="checkbox"/> No: Complete section 1, 2, and 5 only			
SECTION 2 – ORGANIZATION INFORMATION			
Name of Authorized Organization			
Street Address of Principal Office	City	State	Zip
Mailing Address (if different than street address)	City	State	Zip
Telephone Number ()	Fax Number ()	Business Hours	
<i>Provide at least one of the following:</i>			
Federal Tax Identification Number: _____		Corporate Number: _____	
Charitable Trust Number: _____		Organization Number: _____	
<i>What fiscal year does the organization use?</i>			
<input type="checkbox"/> Calendar year (January – December)		<input type="checkbox"/> Other: From: _____ To: _____	

