



STATEMENT OF ELIGIBILITY TO CONDUCT REMOTE CALLER BINGO

BGC-618 (Rev. 10/13)

Pursuant to California Code of Regulations, Title 4, Section 12505 and California Penal Code (PC) section 326.3(b), remote caller bingo games may only be conducted by organizations that meet specific criteria. Those eligible organizations must be authorized to conduct remote caller bingo games by the California Gambling Control Commission (Commission) pursuant to PC section 326.3(j)(4).

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: Bureau of Gambling Control, P.O. Box 168024, Sacramento, CA 95816-8024. Please make all checks payable to the Bureau of Gambling Control.

SECTION 1 – STATEMENT OF ELIGIBILITY TYPE

Initial Statement: \$50.00 (non-refundable fee)

Submit the following documents with your completed statement:

- ✓ 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

Annual Statement: \$25.00 (non-refundable fee)

1) Have there been any changes to the organization's eligibility since last filing a statement?

- Yes: Complete all sections and attach any amended documents, if applicable.
- 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

Provide at least one of the following:

Federal Tax Identification Number: _____ Corporate Number: _____

Charitable Trust Number: _____ Organization Number: _____

What fiscal year does the organization use?

- Calendar year (January – December)
- Other: From: _____ To: _____

SECTION 3 – ORGANIZATION ELIGIBILITY

1. Mark the box to indicate how the organization is eligible to conduct remote caller bingo.

<input type="checkbox"/> Mobilehome park association	<input type="checkbox"/> Senior citizens organization			
<input type="checkbox"/> Charitable organizations affiliated with a school district				
<input type="checkbox"/> Exempted from the payment of taxes by the following Revenue and Taxation Code section:				
<input type="checkbox"/> 23701a	<input type="checkbox"/> 23701b	<input type="checkbox"/> 23701d	<input type="checkbox"/> 23701e	<input type="checkbox"/> 23701f
<input type="checkbox"/> 23701g	<input type="checkbox"/> 23701k	<input type="checkbox"/> 23701l	<input type="checkbox"/> 23701w	

2. Provide the date the organization was incorporated or was established: _____
Note: The organization must be in existence for at least three years to be eligible to conduct remote caller bingo.

3. Provide the local agency that licenses or authorizes the organization to conduct bingo as specified in section 326.5(l) of the Penal Code. If additional space is needed, attach a separate sheet of paper.

Agency Name: _____

License Number: _____ Expiration Date: _____

4. Provide the charitable purpose for which the remote caller bingo game receipts will be used.

5. What is the primary purpose for which the organization is organized?

SECTION 4 – AUTHORIZED REPRESENTATIVE INFORMATION

The organization must assign an authorized representative to represent the organization on matters related to the conduct of remote caller bingo games.

Last Name	First Name	Middle Initial
Relationship to Organization: <input type="checkbox"/> Attorney <input type="checkbox"/> Member <input type="checkbox"/> Employee <input type="checkbox"/> Other: _____		
Business Name, if applicable		E-mail Address (if any)
Mailing Address	City	State Zip
Telephone Number ()	Cell Phone Number (if any) ()	Fax Number ()

SECTION 5 – CERTIFICATION/SIGNATURE

The highest ranking officer of the organization must sign on behalf of the organization.

I certify under penalty of perjury under the laws of the State of California that I have personally completed this form and know its contents, the information contained herein and in any attachments, is true, accurate, and complete.

Signature

Title

Date