

## **Division of Charitable Gaming**

## **BC-317** Application to Request the Disbursement of Bingo Net Proceeds

1)	Name of Organization:				
2)	Mailing Address:				
3)	Phone Number:				
4)	Bingo ID Number:				
5)	Name and address of officer(s) responsible for use of proceeds:				
	(Print Name)	(Print Title)	(Home Address)		
	(City, Town or Village)	(State)	(Zip Code)		
	(Print Name)	(Print Title)	(Home Address)		
	(City, Town or Village)	(State)	(Zip Code)		
6) 7)	Amount of disbursement for which permission is sought: \$  Describe purpose for which the proceeds will be used:				
3)	Total unexpended balance in Bingo Ac Provide a copy of your most recent bank	ccount(s): \$statements. (Note: Include all related	d savings accounts and CDs)		
9)	Amount realized from the conduct of Bingo during the past calendar year: \$				
10)	Have you used Bingo proceeds for this purpose in the past? (yes)(no) If so, how much: \$				
11)	Has a previous application been filed for this or any other expenditure?(yes)(no) If yes, provide a copy of all NYS Gaming Commission approval letters for the last four years.				
	Page 1 of 2	www.gaming.ny.gov	BC-317 Application		

12)	List other sources of income and amounts per year:				
13)	Will any of the money you propose to spend be used to erect, equip, maintain or renovate a bar or bar room?				
14)	Have you solicited bi	ds for the proposed project?	(If yes, submit copies of at least two bids.)		
15)	If proceeds are to be used for building repairs or new construction, give location of premises where repair or construction will be done.				
16)	Does organization ha	ve title to its premises?	_ If not, furnish name of owner		
17)	Has any real property of the organization been sold?				
17a)	If so, for how much a	nd what disposition was made o	f the proceeds?		
18)	List other mortgages or conditional sales contracts outstanding against this property.				
info	`	s contained herein have been e	miliar with Commission Rule 4821.18 and that the kamined by me and to the best of my knowledge and		
	(Signature)	(Print Name)	(Title)		
	(Date)	(Phone Number)	(Email Address)		