



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

Table with 8 columns: Floor No., Wide, Long, Lawful Capacity for Public Assembly Purposes, Floor No., Wide, Long, Lawful Capacity for Public Assembly Purposes. Includes two rows of data with 'x' indicating dimensions.

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<br>Expenses | Expenses Directly<br>Attributable to Bingo<br>(if applicable) | Estimated Expenses for New<br>License Period. Attach Schedule<br>Explaining all differences over<br>\$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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\_\_\_\_\_

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