New York State Gaming Commission | Division of Charitable Gaming

BC-2B Application for Bingo License

Name of Organization: ____

Bingo Identification Number: ______________________ Date: ______________________

SCHEDULE 5: DATES, HOURS AND RENT OF GAMES (List dates and hours when games are to be held)

DATE	HOURS	RENT
____/____/____	______:______am/pm - ______:______am/pm	$ __________
____/____/____	______:______am/pm - ______:______am/pm	$ __________
____/____/____	______:______am/pm - ______:______am/pm	$ __________
____/____/____	______:______am/pm - ______:______am/pm	$ __________
____/____/____	______:______am/pm - ______:______am/pm	$ __________
____/____/____	______:______am/pm - ______:______am/pm	$ __________
____/____/____	______:______am/pm - ______:______am/pm	$ __________
____/____/____	______:______am/pm - ______:______am/pm	$ __________
____/____/____	______:______am/pm - ______:______am/pm	$ __________
____/____/____	______:______am/pm - ______:______am/pm	$ __________
____/____/____	______:______am/pm - ______:______am/pm	$ __________
____/____/____	______:______am/pm - ______:______am/pm	$ __________
____/____/____	______:______am/pm - ______:______am/pm	$ __________
____/____/____	______:______am/pm - ______:______am/pm	$ __________
____/____/____	______:______am/pm - ______:______am/pm	$ __________
____/____/____	______:______am/pm - ______:______am/pm	$ __________
____/____/____	______:______am/pm - ______:______am/pm	$ __________
____/____/____	______:______am/pm - ______:______am/pm	$ __________
____/____/____	______:______am/pm - ______:______am/pm	$ __________
____/____/____	______:______am/pm - ______:______am/pm	$ __________
____/____/____	______:______am/pm - ______:______am/pm	$ __________
____/____/____	______:______am/pm - ______:______am/pm	$ __________
____/____/____	______:______am/pm - ______:______am/pm	$ __________
____/____/____	______:______am/pm - ______:______am/pm	$ __________
____/____/____	______:______am/pm - ______:______am/pm	$ __________
____/____/____	______:______am/pm - ______:______am/pm	$ __________
____/____/____	______:______am/pm - ______:______am/pm	$ __________
____/____/____	______:______am/pm - ______:______am/pm	$ __________
____/____/____	______:______am/pm - ______:______am/pm	$ __________
____/____/____	______:______am/pm - ______:______am/pm	$ __________
____/____/____	______:______am/pm - ______:______am/pm	$ __________
____/____/____	______:______am/pm - ______:______am/pm	$ __________
____/____/____	______:______am/pm - ______:______am/pm	$ __________
____/____/____	______:______am/pm - ______:______am/pm	$ __________

PO Box 7500, 354 Broadway, Schenectady, NY 12301-7500
www.gaming.ny.gov

SCHEDULE 6: PRIZES

Describe all prizes to be awarded at all games listed in Schedule 5. If prize is donated, so indicate and estimate its retail value.

DESCRIPTION OF PRIZE (If will be in cash, write "CASH".)	RETAIL VALUE OF PRIZE	COST TO LICENSEE
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$

SCHEDULE 7: EXPENSES

List items of expense to be incurred, and the names and addresses of vendors.

ITEM OF EXPENSE	VENDOR NAME	ADDRESS	CITY	ZIP