NEW YORK STATE | Gaming Commission | 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) Amount of disbursement for which permission is sought: $_____

7) Describe purpose for which the proceeds will be used: _____

_____

8) Total unexpended balance in Bingo Account(s): $_____
Provide a copy of your three most recent bank statements. (Note: Include all related 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.

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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 bids, estimates or quotes for the proposed project? _____ **(*If yes, submit copies of at least two bids, estimates or quotes*.)**

15) If proceeds are to be used for building repairs or new construction, give location of premises where repairs or construction will be done. .

_____

16) Does organization have 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 and what disposition was made of the proceeds? _____

_____

18) List other mortgages or conditional sales contracts outstanding against this property. _____

_____

I hereby swear (or affirm) that I have read and am familiar with Commission Rule 4821.18 and that the information and statements contained herein have been examined by me and to the best of my knowledge and belief are true, correct and complete.

_____ _____ _____
(Signature) (Print Name) (Title)

_____ _____ _____
(Date) (Phone Number) (Email Address)