NEW YORK STATE | Gaming Commission | Division of Charitable Gaming

Municipal Bingo License Register

Name of License _____ **Identification Number** _____

Address _____

Date of Receipt of Application	Date of Denial of Application	Date of Issuance of License	License Number	Amount of Initial License Fee	Amount of Additional License Fee	Bingo Dates (One Line Per Date)	Date of Receipt of Financial Statement of Bingo Operations

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