



Charitable Gaming Division
 c/o Accounting
 Box 30023, Lansing, MI 48909
OVERNIGHT DELIVERY:
 101 E. Hillsdale, Lansing MI 48933
 (517) 335-5780
 www.michigan.gov/cg

HALL LICENSE APPLICATION

**ALLOW 4 WEEKS FOR PROCESSING.
 PLEASE PRINT OR TYPE IN BLUE OR BLACK INK.**

I N F O R M A T I O N	1. Hall Name		4. Mailing Address (if different)			
	Location Address		City	State	ZIP Code	
	City		ZIP Code	5. Is the building owned by the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	County		Hall Telephone Number ()	6. Is the building leased by the applicant? <input type="checkbox"/> Yes, include a copy of your current lease. <input type="checkbox"/> No		
	2. Applicant Name			7. Hall Manager Name		
	3. Telephone Number (Day) ()		Telephone Number (Evening) ()	8. Telephone Number (Day) ()		Telephone Number (Evening) ()

I N F O R M A T I O N	9. Number of bingo occasions per week: (maximum 14) _____		10. Maximum rental fee per week: \$ _____		
	11. Rental fees shall include: rent of premises, bingo equipment, chairs, janitor fees, utilities, insurance, security, etc. Are any fees other than the rental fee proposed to be charged? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, detail:				
	12. A SAMPLE OF THE PROPOSED RENTAL AGREEMENT MUST BE ATTACHED TO THIS APPLICATION.				

F E E	13. License fee: _____ X \$50 = \$ _____ Make checks payable to: STATE OF MICHIGAN <small>(number of bingo occasions per week from number 9)</small>				
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D O C U M E N T A T I O N	14. The following documentation must be submitted by all new applicants:				
	a. A copy of the Certificate of Assumed Name filed with the local county clerk or the Michigan Corporations and Securities Bureau, if applicable.				
	b. If the hall is owned by a corporation, submit a copy of the complete filed Articles of Incorporation and the most recently filed Annual Report.				
	c. If owned by a partnership, submit a copy of the partnership agreement filed with the county clerk.				
	d. A copy of the floor plan for the hall. Must include location and size of secure locked storage (minimum 36 cubic feet for each bingo occasion) and secure office space (minimum 100 square feet).				
	e. A list of names of all employees of the hall and their job title.				

S I G N A T U R E	15. I CERTIFY that, as the owner or lessor of this hall, having examined this application, there is no misrepresentation or falsification in the information stated or attached. I FURTHER CERTIFY that I am aware that false or misleading statements will be cause for rejection of this application or revocation of the right to obtain any future licenses and I AM AWARE OF AND AGREE TO the conditions of Act 382 of the Public Acts of 1972, as amended, and the rules and directives of the Michigan Bureau of State Lottery.				
	Signature of Hall Owner or Lessor				Date
	Print Name		Title		

PLEASE MAKE A COPY OF THE COMPLETED APPLICATION FOR YOUR RECORDS



COMPLETION: Required for licensure.
 PENALTY: No license will be issued.