



Missouri Gaming Commission
Charitable Games Division
PO Box 1847, Jefferson City, MO 65102

CURRENT OFFICERS AND BINGO OR ABBREVIATED PULL-TAB WORKERS - SCHEDULE A

THE FOLLOWING ARE THE CURRENT OFFICERS AND BINGO OR ABBREVIATED PULL-TAB WORKERS OF:

NAME OF ORGANIZATION	BINGO OR ABBREVIATED PULL-TAB LICENSE NUMBER
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PLEASE ATTACH ADDITIONAL PAGES, IF APPLICABLE.

OFFICERS

LIST CURRENT OFFICERS OF YOUR ORGANIZATION. NAMES SHOULD BE LISTED AS SHOWN ON THE INDIVIDUAL'S DRIVER LICENSE OR STATE-ISSUED ID. IF BEING SUBMITTED FOR THE FIRST TIME, INCLUDE A COPY OF THE DRIVER LICENSE OR STATE-ISSUED ID. ***OFFICERS WHO ARE NOT SIX MONTH BONA FIDE MEMBERS SHALL NOT BE INVOLVED IN THE MANAGEMENT, CONDUCT, OR OPERATION OF THE BINGO GAMES.**

NAME			NAME				
TITLE		DAYTIME TELEPHONE NUMBER	TITLE		DAYTIME TELEPHONE NUMBER		
ADDRESS			ADDRESS				
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
DATE OF BIRTH		SOCIAL SECURITY NUMBER		DATE OF BIRTH		SOCIAL SECURITY NUMBER	
NAME			NAME				
TITLE		DAYTIME TELEPHONE NUMBER	TITLE		DAYTIME TELEPHONE NUMBER		
ADDRESS			ADDRESS				
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
DATE OF BIRTH		SOCIAL SECURITY NUMBER		DATE OF BIRTH		SOCIAL SECURITY NUMBER	
NAME			NAME				
TITLE		DAYTIME TELEPHONE NUMBER	TITLE		DAYTIME TELEPHONE NUMBER		
ADDRESS			ADDRESS				
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
DATE OF BIRTH		SOCIAL SECURITY NUMBER		DATE OF BIRTH		SOCIAL SECURITY NUMBER	
NAME			NAME				
TITLE		DAYTIME TELEPHONE NUMBER	TITLE		DAYTIME TELEPHONE NUMBER		
ADDRESS			ADDRESS				
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
DATE OF BIRTH		SOCIAL SECURITY NUMBER		DATE OF BIRTH		SOCIAL SECURITY NUMBER	

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is correct and complete. I will comply with all of the provisions of Chapter 313 and the regulations adopted thereunder.

SIGNATURE	DATE
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