



4900 Alameda Blvd. NE
 Albuquerque, NM 87113
 Phone:505.841.9700
 Fax:505.841-9725

New Mexico Gaming Control Board

BINGO DISTRIBUTOR/MANUFACTURER APPLICATION

Every Distributor and Manufacturer that intends to sell, offer to sell, or otherwise provide bingo supplies for use in this state, must complete this application and obtain a License from the State of New Mexico pursuant to Sections 60-2B-1et.al of the Bingo and Raffle Act prior to engaging in any of these activities and annually thereafter. A license fee of \$100 made payable by check or money order to the New Mexico Gaming Control Board must be submitted with this application.

Check the type of License for which Applicant is applying.
 (Check only one)

Distributor Manufacturer

Applicant's Printed Name (last, first, middle)			Control Number (Assigned by Gaming Control Board)		
Doing Business As (DBA) & Trade Names				Email Address	
Business Street Address			Business Phone Number ()		
City	State	Zip	Business Fax Number ()		
Mailing Address, if different from Physical Address (city, state, zip)					

****On a separate sheet, list all principal places of business for the past 5 years if different from above.**

State the **principal person** of Applicant who has the overall responsibility for the operation and control of the business.

Name (last, first, middle)		Title	Daytime Phone Number ()	
Residential Address				
City	State	Zip		

Type of Business Structure:
 Corporation Limited Liability Partnership Sole Proprietorship Other

If "Other," provide a detailed description of the type of organization _____

NM State Tax ID Number (CRS Number)	Federal Tax ID Number
State of Incorporation or creation of business entity	
If a corporation, list all states where business entity is authorized to conduct business	
Date of qualification to conduct business in New Mexico (IF COPRPORATION, PROVIDE CERTIFICATE OF AUTHORITY OR EQUIVALENT FROM THE NM PUBLIC REGULATION COMMISSION) Date: _____	

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 GCB BR-006 (Rev. 11/07)

DISTRIBUTOR/MANUFACTURE FEE.....\$100	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Money Order # _____	Entity Control #
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1. Is the applicant in good corporate standing in New Mexico as certified by the Public Regulation Commission, and in all other states where it is authorized to transact business? If no, provide details.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Has the applicant ever had a bingo manufacturer or distributor license in any other state? If yes, please list jurisdiction.	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Has the applicant filed a state business tax return in the past three years? If yes, please list jurisdiction.	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Has the applicant filed a federal business tax return in the past three years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Is the applicant delinquent in the payment of any judgments or tax liabilities due to any governmental agency in this state or any other jurisdiction? If yes, provide details.	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Has Applicant ever been issued a gambling citation, been convicted of a gambling offense, fraud, theft or embezzlement, or had a license related to gambling/gambling supplies revoked or suspended under the laws of this state or any other jurisdiction? If yes, provide the name of the jurisdiction, the date and description of the citation and/or the name of the court, the date of the conviction or administrative ruling and the statute or ordinance: _____ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Has any agent or employee of the applicant ever been convicted of any gambling offense, fraud, theft or embezzlement in New Mexico or elsewhere, or served with a summons for violations of bingo or gambling licensing laws? If so, state date thereof, crime involved and name of defendant: Date: _____ Crime: _____ Name: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
If applicant is a distributor, please list all manufacturers from whom it will purchase bingo equipment. _____ _____ _____	
**Enclose with this application a complete description of each type of bingo supplies you intend to manufacture, distribute or supply in New Mexico, or for use in New Mexico.	
**Enclose with this application a complete list of clients, name, address and telephone number of those you currently conduct business with in the State of New Mexico.	

Applicant's Printed Name (Last Name, First Name, Middle Name)
Signature of Applicant Date

