



New Mexico Gaming Control Board BINGO AMENDMENT FORM

Name of Organization: _____ Phone Number: _____ Bingo License # _____

Relocation Request:

Current Operation Location: _____

Requested Operation Location: _____

Other Amendment Requests: (e.g.: House Rules, Change in Game schedule)

Requested amendment(s): _____

❖ Attach documents if needed

Change of Hours Request:

Current Hours of Operation

| Occasion | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Start Time am/pm | End Time am/pm |
|----------|--------|--------|---------|-----------|----------|--------|----------|---------------------|-------------------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |

Requested Hours of Operation

| Occasion | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Start Time am/pm | End Time am/pm |
|----------|--------|--------|---------|-----------|----------|--------|----------|---------------------|-------------------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |

Signature of Bingo Manager: _____ Date: _____

FOR AGENCY USE ONLY

Relocation Fee.....\$100.00 Check # _____ Money Order # _____