



GERKE, ERIC L  
 HARTER, DANIEL JAMES  
 NEAL, RICHARD JUSTIN  
 SHAW, JUSTIN KYLE  
 UPDIKE, CHRISTOPHER SHAWN  
 WILSON, GARRY E



COUNCIL MEN  
 COUNCIL MEN  
 COUNCIL MEN  
 COUNCIL MEN  
 CPUNCIL MEN  
 WARD II

If you wish to request approval for new officers list them in the space below: Include the individual's full name as shown on driver license or state-issued identification, social security number, date of birth, and a clear photocopy of the driver license or state-issued identification. If you have more than 10, please attach a sheet and provide all the pertinent information.

Name (Last, First, Middle)		SSN	Name (Last, First, Middle)		SSN
DOB	Title		DOB	Title	

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DOB	Title		DOB	Title	

Name (Last, First, Middle)		SSN	Name (Last, First, Middle)		SSN
DOB	Title		DOB	Title	

Name (Last, First, Middle)		SSN	Name (Last, First, Middle)		SSN
DOB	Title		DOB	Title	

Name (Last, First, Middle)		SSN	Name (Last, First, Middle)		SSN
DOB	Title		DOB	Title	

**This application must be returned to the Missouri Gaming Commission on or before **October 31, 2025** along with the application fee.** Pursuant to Section 313.052 and Regulation 11 CSR 45-30.535, failure to submit the renewal application by this date will result in a penalty, in the amount of \$5.00 per day for each day the application is late. The United States Postal Service Postmark determines date received. **Please make the penalty check payable to the treasurer of the County where your organization is located and forward it to the Charitable Games Division.**

The company/organization acknowledges that any license granted by the Commission is subject to the provisions of Chapter 313 RSMo and the Regulations promulgated thereunder. Failure to comply thereto will subject its license to suspension or revocation. Further, the company/organization agrees to allow inspections by the Commission made in accordance with the above and authorizes the Commission or its agents to examine and secure copies of any records or documents in connection with any bingo games.

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.

Print Name of authorized representative	Signature of authorized representative	Date
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**Mail Application  
and Supporting  
Documents to**

Missouri Gaming Commission  
Charitable Games Division  
PO Box 1847  
3417 Knipp Drive  
Jefferson City, MO 65102