



MISSOURI GAMING COMMISSION

Annual Renewal Application for Hall Provider of Bingo Premises

Application and fee due **October 31, 2021**

Toll Free: 1-(866) 801-8643 Fax: (573) 526-5374

Instructions: All information must be reviewed for accuracy. Corrections should be made directly on the renewal application. Any misrepresentation or omission can result in the denial, suspension or revocation of your application and/or license. When information is unknown, so indicate. You must make a reasonable inquiry to determine the answers to all questions. Any statement that is not true or not disclosed, which becomes known at any later date, is cause for revocation of the organization's bingo license. **Provide missing information as applicable.**

H-251 City of Republic

Physical location of Hall:

Contact Name:

Address: 210 E Hines St
City State Zip: Republic MO 65738
Email Address:

Mailing address of Hall:

Contact Name:

Address 1: 213 N Main
Address 2:
City State Zip: Republic MO 65738
Email Address:

FEIN number: 44-6000250

Hall phone number: (417) 732-7672

Business Type: Government

Seating capacity: 301

Has any of the information, (ie: Certificate of Incorporation, General Warranty Deed, ect...), submitted with the original Hall Provider Application changed? Yes ☐ No ☐ (If yes, please **attach** copies of the changes.)

Organization Occasions:

Org License No: B-2343 **Org Name:** Republic Seniors Friendship Center

Start Time: 12:45 pm

Occurance: Every

Day of Week: Monday

Lease Amount: \$0.00

Auxiliary Play: ☒

Hall Play: ☐

FEES PER BINGO OCCASION: Based on current information, please remit the amount indicated.

Amount Due: 0.00

1 = \$100.00 2 = \$200.00 3 = \$300.00 4 = \$400.00 5 or more = \$500.00

Individuals listed as officers for your company: Do the titles listed still accurately reflect the office held? Mark through the names of individuals who are no longer in office. Update any information as needed.

| Name | DOB | Title |
|--------------------------|-----|-------------|
| CAMERON, DAVID W | | CITY ADMIN |
| DEICHMAN, JAMES LEO | | COUNCIL MEN |
| FRANKLIN, ERIC MONROE | | COUNCIL MEN |
| MITCHELL, JENNIFER LYNNE | | COUNCIL MEN |
| POOL, GERALDINE | | COUNCIL MEN |
| RUSSELL, MATTHEW ALLEN | | MAYOR |

SELF, BRANDON LEE -Remove
UPDIKE, CHRISTOPHER SHAWN
USSERY, JEFFREY ALLEN-Remove
WILSON, GARRY E



COUNCIL MEN
CPUNCIL MEN
MAYOR
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 | |

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

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

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

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|----------------------------|-------|-----|----------------------------|-------|-----|
| 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, 2021** 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 owner, partner, officer or person
authorized by attached Power of Attorney

Signature of owner, partner, officer or person
authorized by attached Power of Attorney

Title

Date

Daytime Phone No

**Mail Application
and Supporting
Documents to**

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