

FRANKLIN, ERIC MONROE

GERKE, ERIC L

MISSOURI GAMING COMMISSION Annual Renewal Application for Hall Provider of Bingo Premises

Application and fee due October 31, 2024

Toll Free: 1-(866) 801-8643

Fax: (573) 526-5374

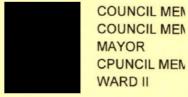
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Instructions: All information must be reviewed for accuracy. Corrections should be made directly on the renewal application. Any misrepresentation or omission can result in the denial, suspension or revocation of your application and/or license. When 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.

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H-251 City of Republic							
Physical location of Hall:	Address: City State Zip: Hall Phone:	210 E Hines St Republic MO 65 (417) 732-7672	5738				
Mailing address of Hall:	Contact Name: Address 1: Address 2: City State Zip: Email Address: Contact Phone:	213 N Main Republic MO 65					
FEIN number: 44-6000250							
Business Type: Government	Seatin	g capacity: 301					
Has any of the information, (ie: Certificate of Incorporation, General Waranty 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 Start Time: 12:45 pm Occurance: Every Day of Week: Monday Org Name: Republic Seniors Friendship Center Lease Amount: \$0.00 Auxiliary Play: Hall Play:							
FEES PER BINGO OCCASION : Based on current information, please remit the amount indicated. 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 FIELDS, BRIAN WAYNE			CITY ADMIN COUNCIL MEN				

GERLEK, CLINTON MATTHEW NEAL, RICHARD JUSTIN RUSSELL, MATTHEW ALLEN UPDIKE, CHRISTOPHER SHAWN WILSON, GARRY E



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, Midd	lle)	SSN	Name (Last, First, Midd	fle)	SSN
000	1 -				
DOB	Title		DOB	Title	
Name (Last, First, Middle) SSN		SSN	Name (Last, First, Middle) SSN		
		JOH			35N
DOB	Title		DOB	Title	
Name (Last, First, Middle) SSN		Name (Last, First, Middle)		SSN	
		CON			3311
DOB	Title		DOB	Title	
Name (Last, First, Midd	lle)	SSN	Name (Last, First, Midd	lle)	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, 2024 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

Missouri Gaming Commission
Charitable Games Division

Mail Application and Supporting Documents to Missouri Gaming Commission Charitable Games Division PO Box 1847 3417 Knipp Drive Jefferson City, MO 65102