



# 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

**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:**                      **Address:**                      210 E Hines St  
**City State Zip:**                      Republic MO 65738  
**Hall Phone:**                      (417) 732-7672

**Mailing address of Hall:**                      **Contact Name:**                      David Cameron  
**Address 1:**                      213 N Main  
**Address 2:**  
**City State Zip:**                      Republic MO 65738  
**Email Address:**  
**Contact Phone:**                      (417) 732-7672

FEIN number: **44-6000250**

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**                      Lease Amount: **\$0.00**  
 Day of Week: **Monday**                      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	[REDACTED]	CITY ADMIN
FIELDS, BRIAN WAYNE	[REDACTED]	COUNCIL MEN
FRANKLIN, ERIC MONROE	[REDACTED]	COUNCIL MEN
GERKE, ERIC L	[REDACTED]	COUNCIL MEN

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



COUNCIL MEN  
COUNCIL MEN  
MAYOR  
COUNCIL 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	
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	
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	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