



New Mexico
Bingo & Raffle
Operator
Application

(EFFECTIVE DECEMBER 2, 2021)

New Mexico Gaming Control Board

4900 Alameda Blvd. NE
Albuquerque, NM 87113
Phone: (505) 841-9700
Fax: (505) 841-9725
Website: www.nmgcb.org



4900 Alameda Blvd. NE
 Albuquerque, NM 87113
 Phone: 505.841.9700
 Fax: 505.841.9725

New Mexico Gaming Control Board
BINGO, RAFFLE, & PULL TAB APPLICATION
\$200.00 Application Fee & \$100.00 Supplemental Background Fee
for a three year licensure

Name and Type of Qualified Organization i.e. ABC Charity		501(c) #	License # (if previously licenced in NM)	
Physical Address		City	State	Zip
Mailing Address		City	State	Zip
Business Phone	Business Fax	Business Email (required)		
Contact Name		Contact Phone	Contact Email	

Licensed Premise			Phone		
Hall Address			City	State	Zip
Indicate which types of games will be played under the New Mexico Bingo and Raffle Act					
<input type="checkbox"/> Bingo <input type="checkbox"/> Raffle <input type="checkbox"/> Pull Tabs					
Identify the name of your bingo and pull tab suppliers: _____					
Federal Employer Tax Identification Number (EIN): _____					
New Mexico CRS Number: _____					
New Mexico Liquor License Number: _____					
List any other gaming license you hold: _____					

SCHEDULE OF GAMES OF CHANCE (TO INCLUDE BINGO, PULL TAB, & RAFFLE OCCASIONS)

Please check day(s) which occasion(s) occurs along with start and end time

Occasion	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Start Time am/pm	End Time am/pm
1									
2									
3									
4									
5									
6									

Total number of bingo occasions you plan to hold per quarter:	Total number of bingo occasions you plan to hold per year:
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FOR AGENCY USE ONLY		
GCB BR-002		
APPLICATION AND BACKGROUND FEE TOTAL.... \$300.00	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Money Order # _____	Entity Control # _____

FINANCIAL INSTITUTION/BANK OPERATING ACCOUNT INFORMATION

Name of Financial Institution/ Bank where Bingo/Pull Tab/Raffle operating account is held:			
Address of Financial Institution/Bank	City	State	Zip
Account Number	Current Bank Balance in Account		
List members whose names appear on the signature card			

ROSTER FOR ORGANIZATION

Name of Organization: _____		Date: _____	
Accountant/Bookkeeper	Name	Email Address	
	<input type="checkbox"/> Volunteer <input type="checkbox"/> Paid Staff	Amount Paid \$ _____ Per hour or <input type="checkbox"/> Per Occasion	
3rd Party Accountant (if applicable)	Name	Email Address	
	Address	Phone	State Zip
<input type="checkbox"/> Bingo Manager <input type="checkbox"/> Caller	Name	Email Address	
	<input type="checkbox"/> Volunteer <input type="checkbox"/> Paid Staff	Amount Paid \$ _____ Per hour or <input type="checkbox"/> Per Occasion	
<input type="checkbox"/> Alt Bingo Manager <input type="checkbox"/> Caller	Name	Email Address	
	<input type="checkbox"/> Volunteer <input type="checkbox"/> Paid Staff	Amount Paid \$ _____ Per hour or <input type="checkbox"/> Per Occasion	
<input type="checkbox"/> Alt Bingo Manager <input type="checkbox"/> Caller	Name	Email Address	
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OFFICER LIST

When are Officers elected?

When are new Officers sworn into office?

Title	Name	Email Address
	Phone #	
Title	Name	Email Address
	Phone #	
Title	Name	Email Address
	Phone #	
Title	Name	Email Address
	Phone #	
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State of New Mexico - Gaming Control Board
BRT ACCOUNT AUTHORIZATION

Attn: Tax Compliance Specialist, TRD Fax (505)827-1759

Business Name _____ New Mexico BRT Number _____

Name _____ Federal EIN _____

Address _____ Telephone Number _____

Hereby authorizes New Mexico Gaming Control Board Telephone Number: (505) 841-9700

Address: 4900 Alameda Blvd NE Albuquerque, NM 87113 to conduct activity below pertaining to CRS account administered by the New Mexico Taxation and Revenue Department.

Check Item That Applies: Open Bingo & Raffle Tax Program Close Bingo & Raffle Tax Program

I certify that I have the authority to execute this tax information authorization.

Printed Full Legal Name (Last, First, Middle) _____ Title: _____

Signature (Must be notarized by notary public) _____ Date: _____

State of _____)

County of _____)

Subscribed and sworn to before me by _____ this _____ day of _____, _____.

My commission expires: _____ Signed: _____

Notary Public

[SEAL]



APPLICANT'S AUTHORIZATION, CHARITABLE PURPOSE & MEMBERSHIP OR VOLUNTEER LIST

Initials: _____ Affix a signed resolution by the Board of Directors of the applicant organization setting forth the applicants authorization to apply for the Bingo and Raffle license

Initials: _____ Affix a statement of your organizations charitable purpose

Initials: _____ Affix list of dues paying members engaged in carrying out the purposes of the applicant organization for each of the two (2) years preceding the application



APPLICANT'S ORGANIZATIONAL INFORMATION

Initials:_____ Affix copy of Articles of Organization, including amendments, if applicable.

Initials:_____ Affix copy of By-Laws for applicant organization.

Initials:_____ Affix copy of letter of good standing from parent organization (if applicable)

Affix copy of Bank Signature Card

Initials:_____ *Note: The signers are required to be officers of the organization, or you may submit meeting minutes delgating the authorized signers on the account



CORPORATE GOOD STANDING, & CHARITABLE REGISTRATION

Initials: _____

Affix copy of Certification of
Charitable Solicitation Registration
issued by the Attorney Generals
Office (if applicable)

Initials: _____

Affix copy of Certificate of Corporate
Good Standing issued by the
Secretary of State.



IRS DOCUMENTATION

Initials:_____ Affix copy of Letter from IRS
establishing the Federal Employer
Identification Number (EIN)

Initials:_____ Affix copy of the most recently
filed 990 Form.

Initials:_____ Affix copy of the 8868 IRS
extension form (if applicable)



BINGO HOUSE RULES, GAME MENU PAYOUT SCHEDULE & FLOOR PLAN

Initials: _____ Affix detailed description of the game menu and payout

Initials: _____ Affix copy of House Rules

Initials: _____ Affix copy of building floor plan where authorized gaming activity will be conducted which includes where the gaming activity will be conducted



SERVICE AGREEMENTS & LEASE INFORMATION

Initials:_____ Affix copy of premise rental agreement (if applicable)

Initials:_____ Affix copy of equipment rental agreement (if applicable)

Initials:_____ Affix copy of security services agreement (if applicable)

Initials:_____ Does your organization have a mortgage. If YES, affix balance of your organizations mortgage.

Initials:_____ Does your organization lease the premises?. If YES, provide a copy of the lease and name and address of the owner of the premises. If the owner is a corporation, list the names of the directors and members of the board



ACCOUNTANT INFORMATION

Initials: _____

If using an accountant from a professional accounting agency, affix a copy of their professional license.

Note: Accountant must complete and submit Bingo Staff Permit Application.



BINGO STAFF APPLICATIONS

The Bingo Manager, Alternate Bingo Manager(s), Caller(s) and Game Accountant must complete and submit a Bingo Staff Permit Application.

Initials: _____