



THE DISABILITY RESOURCE NETWORK

525 Main Street, Groveport, Ohio 43125
Phone: (614) 830-0584 • Fax: (614) 830-0866

Information needed for a Type III Bingo License.

The Network will need:

1. Hours of Operation

Sunday _____ to _____
Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday _____ to _____
Friday _____ to _____
Saturday _____ to _____

2. Name of Business

Legal Name of Business

Business Address

3. Liquor Permit Number _____

4. Estimated Gross Receipts for last year _____

5. Name of workers and info _____

6. Your Full Name and Title _____

7. Do you own the building _____

8. If not, who owns the building? _____

9. Copy of your occupancy permit _____

10. I will also need your Tax I. D. Number _____

The Network can supply you with Ohio Lottery Commission forms to reference. You do not need to fill out these forms; I'll do that and then meet with you to have the official application signed.

Thank You,

Aj

(614) 515-1574