

BC-102A

**SCHEDULE A
BINGO RENTAL STATEMENT**

NYS Racing & Wagering Board
1 Broadway Center, Suite 600
Scheneectady, NY 12305-2553
Telephone (518) 395-5400 Fax (518) 347-1469
www.racing.state.ny.us

This statement shall accompany a
completed Form BC-102



Name of Applicant _____

Location of Premises _____

Description: Building Size _____ **X** _____ No. Floors _____ Date of Construction _____

Areas to be Rented

Floor No.	Wide	Long	Lawful Capacity for Public Assembly Purposes	Floor No.	Wide	Long	Lawful Capacity for Public Assembly Purposes
_____	_____	X _____	_____	_____	_____	X _____	_____
_____	_____	X _____	_____	_____	_____	X _____	_____

HAVE PREMISES EVER BEEN USED FOR BINGO RENTAL BEFORE? Yes No

If so, how long? _____

SKETCH OF PREMISES SHOWING DIMENSIONS AND AREAS TO BE RENTED. (NEW APPLICATIONS ONLY)

1. Total number of times premises are leased out during a calendar year _____

2. Total number of times premises are leased out for bingo during a calendar year _____

3. Percentage of total times premises are leased out for bingo during a calendar year _____

4. If premises are owned by lessor, list the following:

a) Date premises purchased _____

b) Original cost _____

c) Total capital improvements made _____

d) Current assessed value of premises _____

e) Current book value of premises _____

5. If premises are leased by lessor, list the following:

a) Name and address of owner _____

b) Term of lease: From _____ To _____

c) Annual rent _____

6. Income and expenses: (Period: From _____ To _____) (Must be 12 Month Period)

Gross income:

Bingo rentals _____

Concession income _____

All other income from
subject premises
(attach schedule) _____

Total _____



Estimated Expenses for
New License period
Attach Schedule
Explaining all differences
over \$1,000 from actual.

Operating expenses:

	<u>Actual Expenses</u>	<u>Expenses Directly Attributable to Bingo (if applicable)</u>	<u>Estimated Expenses for New License period Attach Schedule Explaining all differences over \$1,000 from actual.</u>
Compensation (Schedule 1).....	\$ _____	\$ _____	\$ _____
Salaries (Schedule 2).....	_____	_____	_____
Payroll Taxes.....	_____	_____	_____
Maintenance.....	_____	_____	_____
Utilities.....	_____	_____	_____
Repairs.....	_____	_____	_____
Rents.....	_____	_____	_____
Taxes (Schedule 3).....	_____	_____	_____
Interest (Schedule 3).....	_____	_____	_____
Depreciation (Schedule 4).....	_____	_____	_____
Accounting fees.....	_____	_____	_____
Insurance (Schedule 5).....	_____	_____	_____
Legal fees.....	_____	_____	_____
Rubbish Removal.....	_____	_____	_____
Telephone.....	_____	_____	_____
Supplies.....	_____	_____	_____
Commercial lessor's license fee.....	_____	_____	_____
Other expenses:	_____	_____	_____
Subtotal	_____	_____	_____
Amortization allowance (Schedule 6).....	_____	_____	_____
Total	\$ _____	\$ _____	\$ _____

7. List organizations renting premises:

<u>Organization</u>	<u>Occasions</u>	<u>Rent Charged</u>	<u>Rent Requested</u>
_____	Sunday Evening	_____	_____
_____	Saturday Evening	_____	_____
_____	Friday Evening	_____	_____
_____	Thursday Evening	_____	_____
_____	Wednesday Evening	_____	_____
_____	Tuesday Evening	_____	_____
_____	Monday Evening	_____	_____
_____	Sunday Afternoon	_____	_____
_____	Saturday Afternoon	_____	_____
_____	Friday Afternoon	_____	_____
_____	Thursday Afternoon	_____	_____
_____	Wednesday Afternoon	_____	_____
_____	Tuesday Afternoon	_____	_____
_____	Monday Afternoon	_____	_____

