

WASHINGTON COUNTY GAMING OFFICE **TEMPORARY TIP JAR LICENSE APPLICATION**

This is an application for a license to operate a tip jar as defined by the Annotated Code of Maryland, Article 13, section 2414, as amended.

Before this application will processed, the applicant (or other person where indicated) must:

- ❑ Complete the application. **Any omitted or incomplete information will disqualify this application.**
- ❑ A minimum of two (2) Officers of your organization must be listed on the application. One of which must be the highest-ranking officer of the organization (President etc.).
- ❑ Attach a notarized tip jar license affidavit for each officer of the organization listed on the application. Blank affidavit forms is provided for your convenience. A minimum of two officers or representatives of the organization is required.
- ❑ Submit a **\$30.00** license issuance fee to the Gaming Office when picking up license. Check or money order only – no cash accepted – payable to the “Washington County Treasurer.”
- ❑ Attach an enlarged copy of the driver’s license for each officer or representative associated with the organization listed on this application.
- ❑ Attach an IRS exempt letter or evidence of non-profit status as stated on application. If no IRS letter has been issued, include a copy of your organizations by-laws, charter, or documentation proving your organizations non-profit activity.
- ❑ Complete the attached “temporary operator’s tip jar license application statement.”
- ❑ If your organization is athletic in nature, attach a copy of your charter, bylaws and a list of officers. Also attach proof of affiliation to a national or state organization if you do not possess your own non-profit / charitable status. The chief officer of your organization must be included on the application.
- ❑ Please type or print (in ink) the application. Illegible application will not be accepted.
- ❑ False, omitted, or misleading information provided in this application shall be just cause for denying a license or voiding an issued license.
- ❑ The completed application should be submitted **14 DAYS PRIOR TO THE DATE OF THE EVENT** to the Washington County Gaming Office, 33 W. Washington Street, Room, 200, Hagerstown, Maryland 21740. For information call 240-313-2040

**WASHINGTON COUNTY GAMING OFFICE
TEMPORARY TIP JAR OPERATOR'S LICENSE APPLICATION**

Name of Organization: _____

Mailing Address: _____

Physical location address: _____

Is the organization's location within the corporate limits of a municipality (city or incorporated town):
Yes No Name of municipality: _____

State I.D.# _____ Fed I.D.# _____

Telephone Number: _____

Nature of organization's non-profit activity: _____

List name(s), title, address(es), and telephone numbers of all officers or representatives (a minimum of two is required):

Name	Title or Position	Address	Daytime Phone#

State specifically the (1) charitable, athletic, or educational purpose for which the organization desires to raise money by operation of tip jars (must satisfy IRC 170© and, (2) the name and address of the organization to benefit from money raised (attach additional sheet if needed):

State location and address of event (It is illegal to sale or offer for sale tip jars on property owned, leased or operated by the Board of Education of Washington County or Washington County, MD):

State beginning date, ending date, and time of event:
From: _____ To: _____ Time: _____

TEMPORARY TIP JAR OPERATOR'S LICENSE APPLICATION STATEMENT

As an applicant for a license to operate a tip jar in Washington County, Maryland. I have read and understood the following rules and guidelines.

1. I agree to abide by all regulations pertaining to this license as established by the Board of County Commissioners.
2. I may only sale tip jars on the premises, date and times listed on this application.
3. This license is not transferable.
4. I agree to allow an agent of the Gaming Office to inspect the premises and records related to the activities allowed under this license.
5. I agree to submit accurate and timely reports as required by the Washington County Gaming Commission Rules and Regulations.
6. I will retain all tip jar records related to the event described according to the Washington County Gaming Commission Rules and Regulations.
7. The Office of the Gaming Commission reserves the right to require the applicant to supply additional information in the event it believes the information supplied may be inconsistent or contain omissions.
8. I agree to be held responsible for any civil or criminal law violations that may arise or be committed by myself or on the part of others as a result of the gaming event I have herein applied.
9. I agree to report the sale of any and all tip jars sold at this event on forms provided by the Gaming Office, within 10 calendar days of the gaming event.

I do solemnly declare and affirm under the penalties of perjury that the matters and facts contained in the foregoing Tip Jar License Application are true and correct to the best of my knowledge, information and belief.

Signature: _____

Print Name as Signed Above: _____

Title or Position: _____

Date: _____

**TIP JAR LICENSE APPLICATION
PRIOR RECORD AFFIDAVIT**

AN AFFIDAVIT MUST BE COMPLETED FOR EACH OWNER OR CORPORATE OFFICER OR BONA FIDE REPRESENTATIVE OF THE BUSINESS OR ORGANIZATION. ALL AFFIDAVITS MUST BE ATTACHED TO THE LICENSE APPLICATION AND MUST CORRESPOND TO THE NAME LISTED IN THE APPLICATION.

I, _____, solemnly affirm under the penalties of perjury that I have never been convicted of a misdemeanor involving any gaming or gambling law of the State of Maryland, other than a misdemeanor in regard to the operation of a tip jar before October 1, 1995 or a felony.

I understand the information provided in this application is subject to being verified by a representative of the Washington County Sheriff's Department.

Signature: _____

Print Name as Signed: _____

Title or Position: _____

Date: _____

STATE OF MARYLAND COUNTY OF WASHINGTON, to-wit:

I HEREBY CERTIFY, that on this _____ day of _____, 20__, before me the subscriber, a Notary Public in and for the State and County aforesaid, personally appeared _____ known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged the foregoing application to be his/her act for the purpose therein contained.

Witness my hand and Notarial Seal.

Notary Public _____

My Commission Expires: _____

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