

**OFFICE OF GRANT MANAGEMENT
TEMPORARY TIP JAR LICENSE APPLICATION**

Qualifications to obtain a temporary tip jar license

For an organization to obtain a temporary tip jar license the following qualifications must be met. Documentation **must** be provided to prove that these qualifications have been met:

- ❑ Your organization must be a bona fide non-profit organization, which desires to raise money for charitable, athletic, or educational purposes that meets the requirements for a charitable contribution under section 170(c) of the IRS Code.

To ensure your organization is complying and retains their exempt status please visit

<https://www.stayexempt.irs.gov/home/starting-out/applying-section-501c3-status>

Information on Lifecycle – Required Filings begins on page 8 of the PDF version.

- ❑ No person may personally benefit from the proceeds of charitable gaming.
- ❑ Items purchased with charitable gaming funds must remain the property of the organization that raised the funds. Ownership cannot be transferred to an individual or other entity not permitted to benefit from charitable gaming.
- ❑ The organization must be in “Good Standing” with the Maryland State Department of Assessments and Taxation. This may be verified by using the following web address.

<https://egov.maryland.gov/BusinessExpress/EntitySearch>

- ❑ Your organization must be structured by a nationally recognized standard. This requires that your organization have written by-laws which contains the organization’s charitable purpose.
- ❑ The by-laws must provide for the election of a governing board or committee and of officers who operate the organization and are responsible for its conduct. They must indicate that the entity is not operated for profit and no individual may personally benefit.

In addition to these qualifications, an organization that is issued a temporary tip jar license must be prepared to prove to the Office of Grant Management that the funds raised were expended for a qualified purpose. Failure to do so may result in a civil penalty being imposed on your organization. Your organization and its officers must also complete the temporary license application in its entirety and must meet all the qualifications set forth in the Washington County Tip Jar Regulations.

The completed application should be submitted **14 DAYS PRIOR TO THE DATE OF THE EVENT** to the Office of Grant Management,
100 West Washington Street, Room 2200
Hagerstown, Maryland 21740
240-313-2040

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 another 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.).
Committee Chairs, Managers, etc. are not considered officers.
- ❑ Attach a notarized tip jar license affidavit for each officer of the organization listed on the application. Blank affidavit forms are provided for your convenience. A minimum of two officers of the organization is required.
- ❑ Submit a **\$30.00** license issuance fee to the Office of Grant Management when picking up the license. Check or money order only – no cash accepted – payable to the “Washington County Treasurer (W.C.T)”
- ❑ Attach a copy of the driver’s license for each officer listed on this application.
- ❑ Attach a copy of the organizations IRS determination letter verifying non-profit status.
- ❑ Complete the attached “application statement.” This must be signed by the president of the organization.
- ❑ 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.

**OFFICE OF GRANT MANAGEMENT
TEMPORARY TIP JAR OPERATOR'S LICENSE APPLICATION**

Name of Organization: _____

Mailing Address: _____

State I.D. (SDAT) # _____ Fed I.D. (EIN) # _____

Telephone Number (Organization): _____

Contact Name _____

Telephone Number (Daytime): _____

Email _____

List name(s), title, address(es), and telephone numbers of all officers of the organization (a minimum of two is required and the **highest-ranking officer must be included**, committee chairs and members are not officers):

Name	Title or Position	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State specifically the charitable, athletic, or educational purpose for which the organization desires to raise money through the sale of tip jars and list the name and address of the organizations(s) that will benefit:

Where will this event be held (Location name and Address):

Date and Time of the Even:

Date(s) _____ Time(s): _____

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 Office of Grant Management 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 Office of Grant Management.
6. I will retain all tip jar records related to the event described according to the Office of Grant Management.
7. The Office of Grant Mgt. 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 all tip jars sold at this event on forms provided by the Office of Grant Management 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 (President): _____

Print Name as Signed Above: _____

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 regarding 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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