

OFFICE OF GRANT MANAGEMENT
NON-PROFIT/ NOT FOR PROFIT BINGO PERMIT APPLICATION

This is an application for a license to operate a “not for profit” or “non-profit” bingo game in Washington County as defined by the Annotated Code of Maryland, Section 13-2407, as amended.

Before this application will be processed the applicant (or another person where indicated) must:

1. Include a minimum of two (2) officers of your organization on the application. One of which must be the highest-ranking officer of the organization (President, CEO, etc.).
2. Fill out the application completely. Any missing items will prevent the application from being processed.
3. Attach a notarized prior record affidavit for each officer of the organization listed on the application. Blank affidavit forms are provided for your convenience. A minimum of two officers is required.
4. Attach an enlarged copy of the driver’s license of each officer listed.
5. Attach a completed-signed bingo permit application statement.
6. Please type or print the application in ink. Illegible applications will not be accepted.

ELIGIBILITY REQUIREMENTS FOR TEMPORARY BINGO LICENSES

In accordance with Bingo Laws of the State of Maryland, the following eligibility criteria must be met prior to a temporary bingo license being issued:

The organization must be a bona fide charitable organization, and;

The funds raised must be for charitable, athletic, or educational purpose (which meets the requirements for a charitable contribution under Section 170(c) of the Internal Revenue Code, and;

The purpose may not be to benefit a law enforcement agency or law enforcement fraternal organization; a political club, committee or party; or an agency of the State Government or of a political subdivision of the State.

No person may personally benefit from the proceeds of charitable gaming.

FALSE, OMITTED, OR MISLEADING INFORMATION PROVIDED IN THIS APPLICATION WILL CONSTITUTE GROUNDS FOR DENYING A LICENSE.

**Completed applications with all required attachments should be submitted to:
Office of Grant Management
100 West Washington Street, Room 2200, Hagerstown, MD 21740.
240-313-2040.**

OFFICE OF GRANT MANAGEMENT
NON-PROFIT/NOT-FOR -PROFIT BINGO PERMIT APPLICATION

Name of applicant: _____

Mailing Address: _____

Physical location address: _____

Telephone #: _____

Contact Persons Name and Telephone (Daytime) #: _____

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

Type of license: ___ Annual ___ Temporary

If requesting a temporary license, list location, date and time of event:

Location: _____

Date: _____ Time: _____

State what the proceeds from this event will be used for (State specifically the (1) charitable, athletic, or educational purpose for which the organization desires to raise money by operation of BINGO (must satisfy IRC 170© and, (2) the name and address of the organization to benefit from money raised):

List names(s), address(es), titles, and phone numbers of the organization's officers. The highest-ranking officer must be included.

Name	Title	Address	Phone#
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BINGO PERMIT APPLICATION STATEMENT

As an applicant for a license to operate a bingo game in Washington County, Maryland, I have read and understood the following:

1. I agree to abide by all regulations pertaining to this license as established by State Statute and the Board of County Commissioners.
2. I may only operate a bingo game if the operation is on the premises indicated on the permit during the hours listed unless otherwise authorized by the Office of Grant Management.
3. I may only operate a bingo game if a BINGO PERMIT is on the premises indicated on the permit during normal business hours.
4. This license is not transferable.
5. I agree to allow an agent of the Office of Grant Management to inspect the premises related to the licensing and operation of the bingo game.
6. The Office of Grant Management reserves the right to require applicant to supply additional information in the event it believes the information supplied may be inconsistent or incomplete.
7. I agree to conduct the game of bingo under the following conditions:

The game of bingo as provided for the purposes of this permit shall mean a game of chance played with cards having squares numbered in rows whereon counters are used by players to cover the numbered squares on each player's card or cards corresponding to the numbers drawn by lot by a caller operating the game; the player who first gets one row or other predetermined combination of numbers on one card being the winner; the substitution of mechanical, or an electrical or electronic devices for said cards and/or counters and the substitution of a mechanical, or an electrical or electronic device for said caller, or a combination thereof, shall not change the nature of said game as long as one, separate device is used to indicate or "call" the qualifying numbers and another, separate device is used to record the individual players accumulation of such numbers; a game involving one piece cards, tickets, coupons, slips or other throw-away devices having numbers, obscured by any means eradicable by a player having such a device, by whatever name called, shall not be considered bingo under the statute or for the purpose of this permit.

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

(Signature)

(Print Name)

Position: _____
(Must be the highest-ranking officer of the organization)

**BINGO PERMIT APPLICATION
PRIOR RECORD AFFIDAVIT**

An affidavit must be completed for each owner or corporate officer of the business or organization. All affidavits must be attached to the license application and must correspond to the names listed in the application itself.

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 or a felony.

I understand that this information may be checked by a representative of the Washington County Sheriff's Department.

(Signature)

(Print)

(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 be (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged the foregoing application to his/her act for the purpose therein contained.

Witness my hand and Notary Seal.

Notary Public

My Commission Expires: _____

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