

**OFFICE OF GRANT MANAGEMENT
TEMPORARY BINGO LICENSE APPLICATION
(Abbreviated Version)**

Note: This abbreviated application may only be used if all information on file with the Office is correct and two years has not elapsed since your last full application was completed.

Application Date: _____

Name of Organization: _____

Address of Organization: _____

Phone Number: _____

State specifically the (1) charitable, athletic, or educational purpose for which the organization desires to raise money by operation of this bingo (must satisfy IRC 170© and, (2) the name and address of the organization to benefit from money raised: (See page 2 for restrictions)

State type of event: Basket Bingo, Other, _____

Will Tip Jars be sold at this event? Yes No

Location of event: _____

Beginning date, ending date and time of event:

From: _____ To: _____ Time: _____

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

(Signature)

(Printed Name)

(Position; **Must be an Officer**)

Phone: _____

*** There is no fee charged for a Temporary Bingo License.**