

OFFICE OF GRANT MANAGEMENT
TIP JAR OPERATOR'S LICENSE APPLICATION PROCEDURE

The following is the procedure for making application for a license to operate a tip jar in accordance with Sections 13-2414, *et seq.* of the Criminal Law Article of the Annotated Code of Maryland.

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

- Complete the application in its entirety.
- The highest ranking official of your business or organization must sign the application (President, Exec. Director, etc.). There will be no exceptions to this policy.
- Complete and have notarized the PRIOR RECORD AFFIDAVIT for each person included on the application
- If the applicant is a **sole proprietorship** an affidavit must be notarized for each partner; if the applicant is a **partnership** an affidavit must be notarized for each member or officer; if the applicant is a **limited liability company** an affidavit must be notarized for each officer; if the applicant is a **corporation, unincorporated association, or other legal entity** an affidavit must be notarized for **each officer**.
** This item must be re-submitted each fiscal year. **
- Submit a check or money order in the amount of \$250.00 payable to the "Washington County Treasurer."
- Attach an enlarged copy of the driver's license for each person listed on the application.
- Ensure that all taxes due to any government entity are paid. A "past due" obligation to any government entity will result in a denial of your application.
- Holders of an alcoholic beverage license must attach a valid copy of your Liquor License to sell alcoholic beverages.
- Attach a copy of your valid Trader's License issued by the Circuit Court.
- For a religious, fraternal, civic, veterans, or charitable organization, attach a copy of your IRS tax exemption determination letter. If you are not a tax-exempt organization, then attach evidence of your status as a religious, fraternal, civic, veterans, or charitable organization (such as a copy of your charter) or a letter signed by your corporate officers stating your purpose and history and the date of your organization. A sportsmen's association must submit a copy of its IRS Section 501(c)-determination letter.
- A corporation, limited partnership, limited liability partnership, and limited liability company must be incorporated with the State Department of Assessments and Taxation, and your status with the agency must be in "Good Standing" as indicated by the SDAT database. Any deviation from this status must be rectified prior to obtaining a license.

The completed application with all required attachments should be submitted to:

Office of Grant Management
100 W. Washington Street, Room 2200
Hagerstown, MD 21740
240-313-2040

FALSE, OMITTED, OR MISLEADING INFORMATION PROVIDED IN THIS APPLICATION WILL CONSTITUTE GROUNDS FOR DENYING A LICENSE. OR MAY RESULT IN THE IMMEDIATE REVOCATION OF AN ISSUED LICENSE.

OPERATOR'S TIP JAR LICENSE APPLICATION CHECKLIST

- Operator's Tip Jar License application completed with no missing information. **All officer's, partner's, and proprietor's** must be named on this application.
- Attach a check made payable to the Washington County Treasurer for \$250.00
- Complete and notarize the Prior Record Affidavit for each officer, partner, or proprietor of your business or organization.
- Attach an enlarged copy of the driver's license for each officer, partner, or proprietor of your business or organization.
- Attach a copy of your current Trader's License.
- Attach a copy of your valid Liquor License (if applicable).
- Attach a copy of your IRS tax exemption letter if you are a not for profit or non-profit organization.
- Fraternal, religious, civic, and veteran's organizations must attach a copy of their charter, and / or a letter signed by the principal officers stating your organizations purpose, history, and date of organization.
- The highest-ranking officer, proprietor, or partner must sign the enclosed application statement.

OFFICE OF GRANT MANAGEMENT
TIP JAR OPERATOR'S LICENSE APPLICATION

Legal name of applicant (individual, corporation, partnership, etc.): _____

Type of business organization: _____
(Individual Proprietorship, Corporation, Partnership, Limited Liability Company "LLC", Fire/ Rescue, Other-specify)

If applicant's business is conducted under a trade name, state trade name: _____

Mailing address: _____

Physical location address: _____

Telephone Number (Business): _____

Daytime Phone Number (Cell): _____

Contact Person: _____

Email Address: _____

If you presently hold a license, state your Tip Jar Operator's License number: _____

State I.D. # _____
(SDAT #) (Must be provided)

Fed I.D. # _____
(EIN#) (Must be provided)

Nature of Business: _____

Hours of Operation: _____

List names(s), title, and address(es) of applicant if applicant is an individual; or if applicant is partnership, of all partners; or if an LLC, of all the members or officers; or if applicant is a corporation, unincorporated association, or other legal entity, of **all officers**:

Highest ranking person must be included. Must be officers, partners etc. Committee Chairs, Managers, employees, etc. are not considered officers.

I 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)

Position or title: _____
(Must be sole proprietor, partner, or highest-ranking officer)

Date: _____

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, agree to and understand the following:

- Unless the applicant is a volunteer fire or volunteer rescue company, the applicant may not hold a wholesaler’s license.
- I agree to abide by all regulations pertaining to this license as established by the Board of County Commissioners.
- I may only operate a tip jar if the operation is on the premises of the license holder during normal business hours unless otherwise authorized by the Office of Grant Management
- I may award prizes in cash or merchandise in the operation of a tip jar in accordance with the regulations.
- A tip jar operator’s license is not transferable.
- I agree to allow an agent of the Office of Grant Management to inspect the premises and records related to the activities conducted under any license issued to the applicant.
- I agree to submit accurate and timely reports as required by the Tip Jar Regulations of the Office of Grant Management.
- I will retain all records as required by the Tip Jar Regulations of the Office of Grant Management.
- 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 incomplete, unclear, or erroneous.
- Organizations holding an annual tip jar operator’s license are not eligible to receive Gaming Commission grant funds.

(Signature)

(Print Name)

Position or title: _____
(Must be sole proprietor, partner, or highest-ranking officer)

Date: _____

**TIP JAR LICENSE APPLICATION
PRIOR RECORD AFFIDAVIT**

An affidavit must be completed by each owner of a sole proprietorship, partner of a partnership, or officer of a corporation or other 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 of a felony.

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

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

Witness my hand and Notarial Seal.

Notary Public

My Commission Expires: _____

**TIP JAR LICENSE APPLICATION
PRIOR RECORD AFFIDAVIT**

An affidavit must be completed by each owner of a sole proprietorship, partner of a partnership, or officer of a corporation or other 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 of a felony.

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

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

Witness my hand and Notarial Seal.

Notary Public

My Commission Expires: _____

**TIP JAR LICENSE APPLICATION
PRIOR RECORD AFFIDAVIT**

An affidavit must be completed by each owner of a sole proprietorship, partner of a partnership, or officer of a corporation or other 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 of a felony.

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

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

Witness my hand and Notarial Seal.

Notary Public

My Commission Expires: _____