



Montgomery County Department of Health and Human Services
Licensure and Regulatory Services
 2425 Reedie Drive, 9th floor, Wheaton, Maryland 20902
 Phone: 240-777-3986 / Fax: 240-777-3088
www.montgomerycountymd.gov/licensure

BINGO LICENSE APPLICATION

(LICENSES ARE NOT TRANSFERABLE FROM LOCATION TO LOCATION OR PERSON TO PERSON)

New Renewal **TODAY'S DATE:** _____

Name of Current Applicant: _____

Address: _____

Telephone Number: _____ Fax Number: _____ Federal Tax ID#: _____

Email Address (**REQUIRED**): _____

Mailing Address (If Different): _____

Please check type:

Annual (Fee \$380.00) Ten Day (Fee \$190.00) One Day (Fee \$50.00) Date and Time: _____

To Benefit: _____

Name and Location Address of Bingo: _____

Contact Person's Name: _____ Telephone Number: _____

Fax No.: _____ Email Address: _____

Person(s) Conducting Bingo Must be Montgomery County resident(s) and member(s) of the organization.

Two Page Application – Be sure to complete both pages.

 I hereby certify that the above information is accurate and complete:

Signature of Vendor: _____

Printed Name and Title of Above Signatory: _____

Payment Method: Cash is not accepted. Make checks or money orders payable to “**Montgomery County, Maryland**”. Credit card payments may be faxed to 240-777-4531 (confidential fax line).

Check Money Order Visa Mastercard Organization: _____ Fee: \$ _____

Credit Cardholder's Name: _____ Credit Card No: _____

Exp. Date: _____ 3 Digit Security Code: _____ Amount: \$ _____

I agree to pay the indicated total amount according to card issuer agreement:

Cardholder's Signature: _____

OFFICE USE ONLY		
Receipt No: _____	Amount Paid: _____	Date Issued: _____
Check No/Money Order: _____	Expires: _____	Staff Initials: _____

PLEASE SEE PAGE TWO

**BINGO LICENSE APPLICATION
PAGE TWO**

I, the undersigned:

1. Having read Md. Code Ann. Criminal Law Article § 13-1803 through § 13-1809, do swear that the organization I represent is eligible to conduct a Bingo under said law.
2. No agreement exists to divert any of the proceeds of the bingo to another person; and
3. No other person will receive any of the proceeds of the bingo except to further the purpose of the qualified organization.

Signatures of Organization Officers Responsible: _____

** This may only be signed by the President and Treasurer, or the Chief Executive and Fiscal Officer

Titles of Organization Officers Responsible: _____

Please have application notarized below.

State of Maryland

Montgomery County, to wit:

This certifies that on this _____ day of _____, _____, before the subscriber, a Notary Public in and for the State and County aforesaid personally appeared the applicant(s) named in the foregoing application and made oath in due form of law that the statements made therein are true to the best of his/her knowledge and belief.

Witness my hand and official seal.

My commission expires: _____

Notary Public

The following attachments must accompany the application

1. Submit a complete statement of purpose and objectives of the qualified organization and the purposes for which the qualified organization will use the proceeds from the bingo, signed by the applicant(s).
2. Submit the names and addresses of all organization officers and directors.
3. Submit a copy of the letter your organization received from the Internal Revenue Service establishing your group as a non-profit organization exempt from federal income tax under 26 U.S.C. § 501 (c)(3), (4), (7), or (10).