



Montgomery County Department of Health and Human Services
Licensure & Regulatory Services
2425 Reedie Drive, 9th Floor, Wheaton, Maryland 20902
Phone: 240-777-3986 / Fax: 240-777-3088 or 240-777-4531
www.montgomerycountymd.gov/licensure

BINGO LICENSE

APPLICATION (NOTARIZED)

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 U.S.C.§501 (C)(3), (4), (7), OR (10).

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 RAFFLE, SIGNED BY THE APPLICANT(S).

THE NAMES AND ADDRESSES OF ALL ORGANIZATION OFFICERS AND DIRECTORS.

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).

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE:

Name:

Title:

Signature Of Vendor:

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.

Signature 1 - Organization Officer Responsible:

Signature:

Title:

Signature 2 - Organization Officer Responsible:

Signature:

Title:

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.

Date Commission Expires:

Notary Public Signature:

Please continue to complete Page 3 of the Bingo Application

FEEES

FEE TITLE	AMOUNT	FEE TITLE	AMOUNT
Bingo License-Annual-New	\$380	Bingo License-One Day	\$50
Bingo License-Annual-Renewal	\$380	Bingo License-Ten Day	\$190
Bingo License-Late Fee	\$10		

PAYMENT METHOD

Submit completed application and fee to: **Licensure & Regulatory Services**, 2425 Reedie Drive, 9th Floor, Wheaton, Maryland 20902.

Checks/Money Orders payable to "Montgomery County, Maryland" or pay by Mastercard, VISA or checking card.

CASH IS NOT ACCEPTED.

SELECT TYPE OF PAYMENT METHOD BELOW

Check Money Order Mastercard VISA

CREDIT CARD PAYMENT SECTION

CARDHOLDER'S NAME:

CREDIT CARD #:

EXP DATE:

3-DIGIT SECURITY CODE:

AMOUNT:

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

CARDHOLDER'S SIGNATURE:

OFFICE USE ONLY

Receipt #:

Date Received:

Amount Paid:

Staff Initials:

Check/Money Order #:

Credit Card Approval Code: