

APPLICATION FOR BINGO LICENSE

Cover Page

Per Marion County Code, Chapter 10, Article IX, Section 10-155, any organization desiring to obtain a bingo license shall file with the County Administrator a sworn application on forms supplied by the County Administrator. The Application shall be executed under oath by the chairperson of the organization.

A non-refundable application fee of \$150.00 is required with this application. If approved, an additional \$150.00 license fee will be required in order to obtain the license.

Upon receipt of an application properly completed and upon payment of the application fee, the County Administrator shall investigate the qualifications of the applicant to determine the applicant's eligibility for a license in accordance with the Code. The County Administrator may request the assistance of the Marion County Sheriff's Department or other County or State agencies to investigate the applicant.

The County Administrator shall within seven (7) days following investigation either approve or disapprove the application. If approved, the \$150.00 annual license fee shall be paid by the applicant.

If the application is disapproved, the County Administrator shall provide the applicant, through its representative, notice of disapproval and reasons therefore.

NOTE: An application, so long as the license issued thereon is valid and effective, MUST be amended, without an additional application fee, if any of the information contained in the application changes.

REQUIREMENTS FOR NEW APPLICATION:

1. Completed application; printed legibly or typewritten.
2. Attached the non-refundable initial application fee of \$150.00.
3. Attach evidence of having 501(C) non-profit status.
4. Attach a current financial statement.
5. Attach a copy of current lease agreement.
6. If approved, the \$150.00 annual license fee will be required in order to obtain the license.

REQUIREMENTS FOR RENEWAL APPLICATION:

1. Completed application, printed legibly or typewritten, with any changes from the original application highlighted.
2. Attach evidence of having 501(C) non-profit status if the previous document on file has expired.
3. Attach a current financial statement.
4. Attach a copy of current lease agreement.
5. The \$150.00 annual license fee will be required in order to obtain the license.

AMENDMENT TO APPLICATION:

1. Completed application; printed legibly or typewritten, with any changes from the original application highlighted.

6/20/2008



**MARION COUNTY BOARD OF COUNTY COMMISSIONERS
COUNTY ADMINISTRATOR**

601 SE 25th Avenue
Ocala, Florida 34471

OFFICE USE ONLY

Approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date: _____		

<input type="checkbox"/>	New Application
<input type="checkbox"/>	Renewal
<input type="checkbox"/>	Amendment

APPLICATION FOR BINGO LICENSE

APPLICANT INFORMATION				
Name of Organization			Business Telephone	
Address			Home Telephone	
City, State, ZIP Code			Alternate Telephone	
Other Address or Telephone Numbers used in last three (3) years				
CHAIRPERSON INFORMATION Person designated by the applicant who will be responsible for the conduct of any bingo game				
Name (Last)	(First)	(Middle)	Business Telephone	Date of Birth
Address			Home Telephone	
City, State, ZIP Code			Alternate Telephone	
MEMBER INFORMATION				
Name (Last)	(First)	(Middle)	Business Telephone	Date of Birth
Address			Home Telephone	
City, State, ZIP Code			Alternate Telephone	
Name (Last)	(First)	(Middle)	Business Telephone	Date of Birth
Address			Home Telephone	
City, State, ZIP Code			Alternate Telephone	
Name (Last)	(First)	(Middle)	Business Telephone	Date of Birth
Address			Home Telephone	
City, State, ZIP Code			Alternate Telephone	
Have any of the individuals listed above been convicted of any misdemeanor involving theft or illegal gambling or of any felony under the laws of the State of Florida, any other state, or the United States within the last five years?				
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the following information:				
Name of Individual: _____		Particular Criminal Act: _____		Place of Conviction: _____

MEMBER INFORMATION

Name (Last)	(First)	(Middle)	Business Telephone	Date of Birth
Address			Home Telephone	
City, State, ZIP Code			Alternate Telephone	
Name (Last)	(First)	(Middle)	Business Telephone	Date of Birth
Address			Home Telephone	
City, State, ZIP Code			Alternate Telephone	
Name (Last)	(First)	(Middle)	Business Telephone	Date of Birth
Address			Home Telephone	
City, State, ZIP Code			Alternate Telephone	
Name (Last)	(First)	(Middle)	Business Telephone	Date of Birth
Address			Home Telephone	
City, State, ZIP Code			Alternate Telephone	
Name (Last)	(First)	(Middle)	Business Telephone	Date of Birth
Address			Home Telephone	
City, State, ZIP Code			Alternate Telephone	
Name (Last)	(First)	(Middle)	Business Telephone	Date of Birth
Address			Home Telephone	
City, State, ZIP Code			Alternate Telephone	
Name (Last)	(First)	(Middle)	Business Telephone	Date of Birth
Address			Home Telephone	
City, State, ZIP Code			Alternate Telephone	

Have any of the individuals listed above been convicted of any misdemeanor involving theft or illegal gambling or of any felony under the laws of the State of Florida, any other state, or the United States within the last five years?

Yes No If yes, please complete the following information:

Name of Individual: _____ Particular Criminal Act: _____ Place of Conviction: _____

Has the applicant ever had any license under this article or a similar license issued by any other jurisdiction revoked or suspended?
 Yes No If yes, please complete the following information:
Date of each revocation or suspension: _____ Place: _____
License Number or Organization: _____

OTHER INFORMATION Please list names of all municipalities and counties where an application has been made for a license to conduct bingo or to lease premises for the conduct of bingo:

Name	Name
Name	Name
Name	Name

BANK INFORMATION Please list name and address of each bank in which the net proceeds from the conduct of bingo are to be deposited.

Name	Name
Address	Address
City, State, ZIP Code	City, State, ZIP Code

Application Certification. READ CAREFULLY BEFORE SIGNING.

"I, _____, Chairperson, swear or affirm under penalties of perjury that all of the information provided in this application is true and correct and that the applicant herein agrees to abide by all provisions of Marion County Code and Section 849.0931, F.S. and that failure to do so may result in revocation or suspension of the license, or the imposition of non-criminal or criminal penalties."

Signature of Applicant: _____ Date: _____

State of Florida
County of Marion

Sworn and subscribed before me this _____ day of _____, _____.

Personally Known _____ Or Identification Produced _____

Notary Public

For County Administrator's Use. Check the appropriate box if you are in approval of that item.

- 1. Evidence of 501 (C) non-profit status.

- 2. Financial Statement

- 3. Lease Agreement

- 4. Member investigation – no convictions found of misdemeanor involving a theft or illegal gambling or of any felony under the laws of this state, any other state or the United States within five (5) years of the date of application. Date investigation completed: _____.

Note: Upon completion of the investigation, County Administrator shall within seven (7) days following investigation either approve or disapprove the application. If approved, the additional \$150.00 license fee shall be paid by the applicant.

- 5. License has never before been revoked or if it has, the Marion County Code Enforcement Board have, after hearing, specifically authorized the issuance of the license after it is satisfied that the reason or reasons for the revocation have been corrected and steps taken to insure that such problem or problems will not arise in the future.

- 6. Bank Information

Date of Approval: _____ Date of Disapproval: _____

Reason for Disapproval: _____

Signature of County Administrator