



**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		Email Address		
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