



**Montgomery County Department of Health and Human Services**  
**Licensure and Regulatory Services**  
 255 Rockville Pike, 1<sup>st</sup> Floor, Suite 100, 1<sup>st</sup> Floor, Rockville, Maryland 20850  
 Phone: 240-777-3986 Fax: 240-777-3088  
[www.montgomerycountymd.gov/licensure](http://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: \_\_\_\_\_

Location 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 Applicant: \_\_\_\_\_

Printed Name and Title of Applicant: \_\_\_\_\_

**Payment Method**

Check  Money Order  Visa  MasterCard **CASH IS NOT ACCEPTED** Amount: \$ \_\_\_\_\_

Credit card payments fax to: 240-777-4531 (confidential fax line).

Credit Cardholder's Name: \_\_\_\_\_

Credit Card No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_

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

Cardholder's Signature: \_\_\_\_\_

Submit completed application and application fee to address at the top of the application. Checks or money orders are payable to "Montgomery County, Maryland".

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).