



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

601 SE 25th Avenue, Ocala, FL 34471

OFFICE USE

Approved Yes No
Date: _____

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

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?

Yes 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?

<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the following information: Name of Individual: _____ Particular Criminal Act: _____ Place of Conviction: _____
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Has the applicant ever had any license under this article or a similar license issued by any other jurisdiction revoked or suspended?	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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
<p>“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.”</p>	
Signature of Applicant _____ Date: _____	
<p>Sworn to (or affirmed) and subscribed before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization, this ____ day of _____, _____ (year), by _____ (name of person making statement). He/she is personally known to me or has produced _____ as identification. (Driver’s license, etc.)</p>	

Notary public signature	
State of _____ County of _____	
My commission expires: _____	