

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**, signed by two officers.
3. Attach evidence of having 501(C) non-profit status.
4. Attach a current bank statement, specific to bingo only.
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, signed by two officers:
7. A completed questionnaire.
8. A two page release of information completed by the chairperson.

REQUIREMENTS FOR RENEWAL APPLICATION:

1. Completed application, printed legibly or typewritten. Indicate up to three members who will be co-chair with a "*".
2. Attach evidence of having 501(C) non-profit status if the previous document on file has expired.
3. Attach a current 12-month financial statement, with two signatures, explaining monies going in and coming out of the bingo account.
4. Attach a copy of current lease agreement, unless the property is owned.
5. The **\$150.00** annual license fee will be required in order to obtain the license. The check should be signed by two officers.
6. Current bank statements for the bingo account, showing 12 months of bank statements (Jan 1 – Dec 31).
7. A completed questionnaire.
8. A two page release of information completed by the chairperson. (Only for New Chairperson)

★ ALL information associated with your financial records needs two signatures.

AMENDMENT TO APPLICATION:

1. Completed application; printed legibly or typewritten. Only provide names of members you are adding or taking off the license and indicate which.



MARION COUNTY BOARD OF COUNTY COMMISSIONERS
COUNTY ADMINISTRATOR
601 SE 25th Avenue, Ocala, FL 34471

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.

_____ \$150 Application Fee _____ \$ 150 License Fee

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



BINGO QUESTIONNAIRE

Please complete the questions below and return it with your application. Thank You.

NAME OF ORGANIZATION:

1) What days and times does your organization play bingo? (ie: Bar bingo, quarter bingo or regular bingo)

2) Is there a time during the year that you do not play Bingo? _____

3) Are there any other organizations that play bingo at your establishment

► If you have any questions please call 671-8900 and ask for Code Enforcement Officer Lasher, or you can visit our website at:
<http://www.marioncountyfl.org/departments-agencies/departments-a-n/growth-services/code-enforcement>

Our address is
Marion County Growth Services Department-
Code Enforcement Division
2710 E. Silver Springs Blvd., Ocala, FL 34470
Main Growth Services Phone: (352) 438-2600
Main Code Phone: (352) 671-8900



**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?			
<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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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: _____	

BINGO

NOTICE- BACKGROUND INVESTIGATION/ RELEASE OF INFORMATION

**If you have ALREADY SUBMITTED this form and are still the current chairperson
You DO NOT need to complete this form again.**

In connection with your bingo application with Marion County Code Enforcement, notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for chairperson purposes. These reports may contain information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and Accurate Background Check, Inc., 519 South Pine Avenue, Ocala, Florida 34471 – Phone: 352-291-1155. For information about Accurate Background Check's privacy practices see accuratebackgroundcheck.com. The scope of this notice and below authorization is not limited to the present and, if you choose, will continue throughout the course of your being chairperson and allow Marion County Code Enforcement to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing.

ACKNOWLEDGEMENT AND AUTHORIZATION

By signing below, I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by Marion County at any time after receipt of this authorization and throughout the course of my holding the position of chairperson.

Signature: _____

Date: _____

Print Name: _____ Last Four Digits of SSN: _____

