

**- BINGO -**

**INSTRUCTIONS  
CLASS A LICENSE APPLICATION**

Pinellas County Chapter 10 requires that prior to conducting bingo, charitable organizations and authorized organizations must obtain a license from the Department of Justice & Consumer Services.

Class A Licenses are issued to charitable organizations and authorized organizations conducting bingo games or a series of bingo games pursuant to the provisions of Section 849.0931, Florida Statutes. See Pinellas County Chapter 10; Section 10-61 to determine which type of organization you are. If an applicant for a Class A License has more than one chapter, branch, lodge, agency, or other unit within the county, **EACH** separate chapter, branch, lodge, agency, or other unit conducting bingo in Pinellas County must obtain a license.

The Class A License authorizes the licensee to conduct bingo pursuant to Pinellas County Code. It does not authorize the licensee to act as a lessor for any other organization to conduct bingo. That requires a Class B License. The holder of a Class A License may apply separately for a Class B License, if necessary.

The annual fee is \$225: \$50 non-refundable application fee and the remainder (\$175) payable upon approval of the application. There is a background fee of \$30 for each individual listed on page 2 of this application. Checks or money orders should be made payable to the Board of County Commissioners.

Questions about this application should be addressed to: Department of Justice & Consumer Services at 15251 Roosevelt Blvd, Ste 209, Clearwater, FL 33760, (727) 464-7988. Questions about the interpretation of the Code or its applicability to a particular organization should be directed to the Pinellas County Attorney's Office at (727) 464-3354. Complaints regarding the operation of a bingo game should be addressed to the Pinellas County Sheriff's Office at (727) 582-6200.

Florida Statutes, Section 849.0931, should be read and understood before conducting bingo. Nothing in Pinellas County Chapter 10 relieves any individual or organization from compliance with State law with regard to the conduct of or participation in bingo activity. Especially note that the organization must be located in the County or within 15 miles of the location where bingo is conducted.

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**1. APPLICANT ORGANIZATION INFORMATION:**

**Organization legal name:** \_\_\_\_\_

**Fictitious name:** \_\_\_\_\_

**Additional names used:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone:** (    ) \_\_\_\_\_ **Fax:** (    ) \_\_\_\_\_

**Normal hours of operation other than bingo:** \_\_\_\_\_

**2. IS THE APPLICANT ORGANIZATION A: (DO NOT CHECK a block until you are familiar with the definitions of each type of group. See Chapter 10, Section 10-61 for category definitions)**

- \_\_\_\_\_ **Charity/Non-Profit, Internal Revenue Code s. 5018 or s. 528**
- \_\_\_\_\_ **Authorized Organization**

**3. IS THE APPLICANT ORGANIZATION A:**

Corporation: \_\_\_\_\_ Unincorporated: \_\_\_\_\_ Partnership: \_\_\_\_\_

**4. IF THE ORGANIZATION IS A CORPATION:**

Date of incorporation: \_\_\_\_\_ State: \_\_\_\_\_ Document number: \_\_\_\_\_  
If applicable, name of registered corporate agent and address to be used for service of process.

**Name:** \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Telephone:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_

**5. ORGANIZATION'S OFFICERS, as applicable (give full legal name):**

**President/First Officer:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Resident Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

**Vice President/Second Officer:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Resident Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

**Treasurer/Third Officer:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Resident Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

**Executive Director/Chief Operating Officer:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Resident Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

**6. PROPERTY NAME**, address, and owner's name of every premise where the applicant conducts bingo, including, if premises are leased/rented, the lessor's name and Class B License number. If the applicant uses more than one property, list the additional properties on a separate sheet.

Property: \_\_\_\_\_

Address: \_\_\_\_\_

Property Lessor's Name/Physical Address (if applicant is not the owner):  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Class B License Number: \_\_\_\_\_

**7. HAS THE APPLICANT ORGANIZATION OR A PERSON LISTED ABOVE BEEN CONVICTED in the last five (5) years of a violation of Florida Statutes Chapter 849, Pinellas County Chapter 10, or another federal, state, or local Code, act, or law governing theft, fraud, misrepresentation, gambling, or authorized bingo?** Yes ( ) No ( ) If yes, on a separate sheet state person, offense, date, and place of conviction.

**8. DOES THE APPLICANT OR PERSON LISTED ABOVE HAVE ANY PENDING CRIMINAL CHARGES related to a violation of Florida Statutes Chapter 849, Pinellas County Chapter 10. other federal, state, or local Code, act or law governing theft, fraud, misrepresentation, gambling, or authorized bingo?** Yes ( ) No ( ) If yes, on a separate sheet state person, offense, and court having jurisdiction.

**9. HAS THE APPLICANT ORGANIZATION/OR LISTED PERSON EVER HAD A LICENSE issued under Pinellas County Chapter 10, or a bingo license issued by another jurisdiction REVOKED OR SUSPENDED?** Yes ( ) No ( ) If yes, on a separate sheet, state offense, date, and place.

**10. HAS THE APPLICANT APPLIED to another government authority for a license to conduct bingo or lease premises for conduct of bingo?** Yes ( ) No ( ) If "yes", state where and when application was made.

**11. LIST THE BANK OR BANKS in which the proceeds from conducting bingo are deposited; include the account number.** If you do not use a bank, state where the bingo proceeds go after the play of bingo.

Bank(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Number(s): \_\_\_\_\_

**12. LIST THE PERSON FROM PAGE 2 OF THIS APPLICATION THAT THIS OFFICE CAN CONTACT IF THERE ARE PROBLEMS WITH THIS APPLICATION:**

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Telephone: ( ) \_\_\_\_\_

**13. REQUIRED ATTACHMENTS – Pay special attention to this list of attachments.** Most applications are returned for a lack of one or more of the required attachments listed here.

- (a) Evidence the organization has been in existence **three (3) years** prior to the date of this application.
  
- (b) If the applicant is a **corporation**, evidence the corporation is in good standing. Send a copy of an updated charter, available from the Dept. of State for a fee, OR, you may also send a copy of BOTH SIDES of the check used to pay this year’s annual filing fee to the Dept. of State.
  
- (c) If the applicant is **unincorporated**, a statement of the applicant’s non-profit purpose and a copy of the applicant’s constitution and by-laws.
  
- (d) If the applicant is a **partnership**, a copy of the executed partnership instrument.
  
- (e) If the organization has a **higher or lower** chapter, branch, lodge, agency, or unit, provide it’s name, address and telephone number.
  
- (f) **If the organization plays bingo at premises it does not own**, a copy of the lease or rental agreement Showing a term of at least one (1) year.
  
- (g) **A schedule** showing the days of the week and the times of day the organization plays bingo.
  
- (h) **A list containing the names, dates of birth, residence street addresses, & Florida driver’s license numbers of all volunteers** who will assist the applicant in the conduct of bingo and **the date they joined the organization**. The volunteers must be bona fide members of the organization.
  
- (I) If the applicant is a charity or authorized organization, a copy of the applicant’s **Internal Revenue Service** Section 5018 or Section 528 exemption letter.

**14. CERTIFICATION BY A SENIOR AUTHORIZED OFFICER:**

“I affirm the completeness and accuracy of this application; that no information which would affect the issuance of this license has been withheld. I understand that a misstatement of material fact can result in license denial, or suspension or revocation of an issued license. I have read and understand Section 849.0931, Florida Statutes and Pinellas County Chapter 10. I agree to update the list when the persons named thereon are changed.”

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

**Official signature** (sign before a notary): \_\_\_\_\_

**15. NOTARY CERTIFICATION:**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ Day of \_\_\_\_\_ 200 \_\_\_\_\_ ,

By \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification and DID TAKE AN OATH

Notary Signature and Seal: \_\_\_\_\_

Notary Printed Name: \_\_\_\_\_

Notary Address: \_\_\_\_\_

\_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

**NOTICE:**

**YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE OR PROCESSED UNTIL ALL QUESTIONS ON THE APPLICATION HAVE BEEN ANSWERED AND ALL REQUIRED ATTACHMENTS HAVE BEEN SUBMITTED.**