

3. IF THE APPLICANT IS A CORPORATION:

Date of Incorporation: _____ State: _____ Document number: _____

Name: _____

Physical Address: _____

City _____ State _____ Zip _____

Telephone: () _____ Fax: () _____

4. APPLICANT'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: _____

5. HAS THE APPLICANT OR ANY PERSON LISTED ABOVE BEEN CONVICTED IN THE LAST FIVE (5) YEARS OR NOW HAVE CRIMINAL CHARGES PENDING for a violation of Florida Statutes Chapter 849, Pinellas County Code 97-60, 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, the offense, date, and place of conviction or court of jurisdiction of charged offenses.)

6. HAS THE APPLICANT OR A LISTED PERSON EVER HAD ANY LICENSE issued under any Pinellas County Bingo Code; or a bingo license issued by another jurisdiction REVOKED OR SUSPENDED? Yes () No () (If yes, state offense, date, and place of suspension or revocation.)

7. PROPERTY BEING LEASED OR RENTED for the conduct of bingo by a charity or authorized organization (if different from the answer to Question 2).

Property Name: _____

Physical Address: _____

City _____ State _____ Zip _____

Telephone () _____

8. PROPERTY OWNER'S NAME AND ADDRESS (if applicant is not the owner):

Last Name: _____ First Name: _____ Middle initial: _____

Or, Corporate Owner's Name: _____

Physical Address: _____

City _____ State _____ Zip _____

Telephone () _____ Fax: () _____

9. HAS THE APPLICANT APPLIED TO ANY OTHER GOVERNMENT AUTHORITY ANYWHERE for a license to lease or rent a property for the conduct of bingo, or to conduct Bingo? Yes () No () (If yes, list the agency and date)

10. LIST THE CHARITIES OR AUTHORIZED ORGANIZATIONS to which these premises are Leased or rented. List their Class A Bingo License numbers and annual expiration date. Attach an Extra sheet, if needed.

Organization Name

Class A License Number

Date of Expiration

11. LIST EVERY BANK in which the lessor deposits the proceeds from leasing or renting Premises for the conduct of bingo; include the account number.

Bank(s): _____

Address(s): _____

City: _____ State: _____ Zip: _____

Account Number(s): _____

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

Name: _____

Physical Address: _____

Daytime Telephone (print): () _____

13. REQUIRED ATTACHMENTS

(a) If the applicant is a **corporation**, evidence the corporation is in good standing. Send a copy of an updated charter or a copy of **BOTH SIDES** of the check used to pay this year's annual filing fee.

(b) If the applicant is a **corporation**, a copy of the articles of incorporation including all amendments and the charter from the Department of State.

(c) If the applicant is an **unincorporated** organization, a copy of the constitution and by-laws.

(d) If the applicant is a **partnership**, a copy of the executed partnership instrument.

(e) If the applicant is **not the owner** of the premises to be used for the conduct of bingo, evidence that The premises are leased by the applicant for a period of one (1) year, including a copy of the executed lease, sublease, assignment, or rental agreement for the premises.

(f) **A copy of the lease** with each Class A license holder conducting bingo at the premises **and a schedule** showing days of the week and times of play of each Class A license holder.

(g) **A copy of all bank statements** for the account into which all proceeds from the leasing of the Premises for bingo were deposited, for the 12 months prior to submission of this application.

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 Code Chapter 10.

Name (print): _____ Title _____

Address: _____

City _____ State _____ Zip _____

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: _____

City _____ State _____ Zip _____

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