



**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)

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**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
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**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**