

- BINGO -
APPLICATION INSTRUCTIONS
FOR NEW & RENEWAL CLASS A and B LICENSES

Fees for an A or B license: **\$50** non-refundable application fee and an annual license fee of **\$275**. There is a background fee of **\$30** for the organization's designated representative listed in this application. Checks or money orders should be made payable to the Board of County Commissioners.

Questions about this application should be addressed to Pinellas County Consumer Protection at 14250 49th St. N., Suite 1000, Rm. 2, Clearwater, FL 33762, (727) 464-6200.

1. APPLICANT ORGANIZATION INFORMATION: NEW RENEWAL

CLASS A: Charity/Non-Profit, Internal Revenue Code s. 501C or s. 528. Please include a current copy of applicant's 501 C designation or exemption certification. If the 501 C or exemption letter is for a group exemption, you must provide a letter from the main organization stating that you are a member in good standing and authorized to use the 501 C exemption letter.

CLASS B: Lessors only, does not conduct any bingo

CLASS A: Authorized Organization

2. Organization Name : _____
Fictitious name: _____
Additional names used: _____
Physical Address: _____
City _____ State _____ Zip _____
Telephone: _____ Fax: _____
Normal hours of operation other than bingo: _____
Date of incorporation/formation: _____ State: _____ Document number: _____

3. APPLICANT TYPE:

Corporation/LLC: Unincorporated: Partnership: Individual (Only for Class B):

4. ORGANIZATION'S DESIGNATED REPRESENTATIVE, (give full legal name):

Last Name: _____ First Name: _____ Middle Initial: _____
Resident Street Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Telephone: _____ Sex: _____ Race: _____
Email: _____ Title: _____

NOTE: IF APPLICANT IS A CORPORATION/LLC THIS PERSON ABOVE MUST BE AN OFFICER. THIS PERSON WILL BE CONTACTED IF THERE ARE PROBLEMS WITH THIS APPLICATION AND WILL RECEIVE ALL NOTICES:

10. **Class A application new/renewals**, provide schedule showing the days of the week and the times of day (beginning/end) the organization conducts or plans to conduct bingo.

Day of week: _____ Time: _____

Day of week: _____ Time: _____

11. **For Class B applications only.** LIST THE CHARITIES OR AUTHORIZED ORGANIZATIONS to which these premises are Leased or rented. List their Class A Bingo License numbers and annual expiration dated, attach extra sheets as needed.

Organization Name	Class A License Number	Date of Expiration
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. CERTIFICATION:

"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."

"By applying for this license I have consented to the provisions of Pinellas County Code, Chapter 10, Article III and to the exercise by Pinellas County Consumer Protection of the authority granted by this article."

"I also understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of their official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 837.06, s. 775.082 or s.775.083, Florida Statutes."

DEISGNATED REPRESENTATIVE:

Last Name: _____ First Name: _____ Middle Initial: _____

Official Signature : _____

NOTICE:

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