

# **- BINGO -**

## **INSTRUCTIONS**

### **CLASS A LICENSE RENEWAL APPLICATION**

Pinellas County Code, Chapter 10 requires charitable organizations and authorized organizations holding a Class A Bingo License to apply to renew their license 60 days prior to expiration of the current license. If the renewal is not completed prior to the expiration date of the current license, any conduct of bingo by the organization after the expiration date will be considered unlawful.

You must complete a renewal application and submit it with a financial report showing income, expenses, and distribution of funds from bingo activity over the 12 months previous to submission of this application. The financial report you send must be certified as accurate by a senior representative of the organization.

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 \$30.00 for each individual listed on page 3 of the 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) 464-6200 Fax (727) 464-6129. Questions about interpretation of the Code or its applicability, contact the County Attorney's Office at (727) 464-3354. Complaints regarding the operation of a bingo game, contact the Pinellas County Sheriffs Office at (727) 582-6200.

The Class A License does not authorize the license holder to lease any premises to any other organization desiring 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.

Florida Statutes, Section 849.0931, should be read and understood before conducting bingo. Nothing in Pinellas County Code, Chapter 10 relieves any individual or organization from compliance with State law.

**1. APPLICANT ORGANIZATION INFORMATION:**

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

Organization Fictitious Name: \_\_\_\_\_

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

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

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

Telephone:( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**2. IS THE APPLICANT ORGANIZATION A:** (See Pinellas Cty Code, Chptr 10-61 for definitions)

Charity or Non Profit recognized under Internal Revenue Code Section 501c or Section 528

\_\_\_\_\_ Authorized Organization

**2.a. Current copy of applicant's 501C of the Internal Revenue Code of 1954 or current exemption certificate issued under section 528 of the Internal Revenue Code of 1986, as amended.**

NOTE: 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 or exemption letter.

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

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

4. Each person listed on page three of this application must individually complete the affidavit attached to certify under penalty of perjury that within the last five (5) years, they have not been convicted of a violation of Florida Statutes-Chapter 849, Pinellas County Code Chapter 10, or any other ordinance, misdemeanor or felony involving theft, fraud, crimes of dishonesty, gambling or violations of bingo under any laws of this state, any other state, federal, or equivalent law of any foreign country. (see attached form and make copies for each person as necessary )

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

PROPERTY: \_\_\_\_\_

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

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

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

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

**President /First Partner**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Apt/Lot#: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Vice President/Second Partner**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Apt/Lot#: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Secretary/Third Partner**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Apt/Lot#: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Treasurer/Fourth Partner**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Apt/Lot#: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Executive Director/Chief Operating Officer**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Apt/Lot#: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**7. 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 what you do will the bingo proceeds.

Bank: \_\_\_\_\_

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

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

Account Number: \_\_\_\_\_

**8. The following totals are required. List the annual totals for the last (12) months.**

<b>Total Receipts</b>	
<b>(-) Prize Payouts</b>	
<b>(=) Entire Proceeds</b>	
<b>(-) Expenses</b>	
<b>(=) Net</b>	

**8.a. Attach financial reports,** using the Department form provided, showing the gross revenue, source and amounts, disbursements derived from bingo for each 12 months prior to the submission of this application. Each report form must be certified by a principal officer, partner, or similar principal of the organization.

**9. Provide schedule** showing the days of the week and the times of day (beginning/end) the organization conducts bingo.

Day of week: \_\_\_\_\_ Time: \_\_\_\_\_

Day of week: \_\_\_\_\_ Time: \_\_\_\_\_

(Note: if the schedule changes, it is your responsibility to notify the Department of Consumer Protection in writing, within 15 days, of your new schedule.)

**10. IN THE PAST FIVE (5) YEARS has the applicant or any person** listed in this application been convicted, entered a plea, or had adjudication withheld for a violation of Florida Statutes Chapter 849, Pinellas County Code, Chapter 10, or another federal, state, or local Code, act, or law governing theft, fraud, misrepresentation, gambling or authorized bingo, or has this organization or these persons had a license issued under the Code or issued by any jurisdiction suspended, revoked, or canceled?

Yes ( \_\_\_\_ ), No ( \_\_\_\_ ). (If yes, attached a sheet giving details.)

**11. DOES THE APPLICANT OR ANY PERSON LISTED ABOVE HAVE ANY PENDING CRIMINAL CHARGES** related to a violation of Florida Statutes Chapter 849, Pinellas County Code, 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, and court having jurisdiction.)

**12. LIST THE PERSON FROM PAGE 3 OF THIS APPLICATION THAT THIS OFFICE CAN CONTACT IF THERE ARE PROBLEMS WITH THIS APPLICATION:**

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

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

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

Telephone (Home): \_\_\_\_\_ Telephone (Business): \_\_\_\_\_

**13. CERTIFICATION BY AN AUTHORIZED OFFICER OR PERSON:**

“I affirm the completeness and accuracy of the application and its attachments: that no information affecting license issuance has been withheld. I understand that a misstatement or omission of material fact can result in application denial, or cancellation, suspension, or revocation of an issued license. I have read and understand Section 849.0931, Florida Statutes and Pinellas County Code, Chapter 10. I agree to update the list of volunteers when the person named thereon are changed.”

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

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

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

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

**14. NOTARY CERTIFICATION:**

The foregoing instrument was acknowledge before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification and **DID TAKE AN OATH.**

Notary Signature & Seal: \_\_\_\_\_

Notary Print Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**15. REQUIRED ATTACHMENTS.**

(a) **If the applicant is a corporation**, evidence the corporation is in good standing. Send a copy of an updated charter, available from the Department of State for a fee, or, send a copy of BOTH SIDES of the check used to pay this year’s annual filing fee to the Dept. of State.

(b) **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.

(c) **A volunteer list containing the name, dates of birth, sex, race, residence street address, and Florida drivers license numbers of all volunteers** who will assist the applicant in the conduct of bingo **and the date (month/year) they joined the organization.** The volunteers must be bona fide members of the organization.

(d) **If you deposit bingo proceeds into a bank account, a copy of all bank statements** for the account into which all bingo proceeds were deposited, which cover the effective period of the expiring Class A license.

**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.

AFFIDAVIT

State of Florida

County of \_\_\_\_\_

Before me, a Notary Public, personally appeared \_\_\_\_\_, who being duly sworn states the following:

I certify under penalty of perjury that within the last five (5) years, I have not been convicted of a violation of Florida Statutes-Chapter 849, Pinellas County Code Chapter 10, or any other ordinance, misdemeanor or felony involving theft, fraud, crimes of dishonesty, gambling or violations of bingo under any laws of this state, any other state, federal, or equivalent law of any foreign country.

\_\_\_\_\_  
(Signature of Affiant)

\_\_\_\_\_  
Affiant's Printed Name

\_\_\_\_\_  
Affiant's Home Address

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

\_\_\_\_\_  
Organization

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_ by (name) \_\_\_\_\_, who has produced \_\_\_\_\_ as identification (or who is personally known to me) and who ***DID TAKE AN OATH.***

\_\_\_\_\_  
Notary Public's Signature

Seal:

**Organization :** \_\_\_\_\_

**List of Volunteers** (give full legal name):

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_ DOB: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ FL Drivers License #: \_\_\_\_\_

Sex: \_\_\_ Race: \_\_\_\_\_ Month & Year Joined Organization: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_ DOB: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ FL Drivers License #: \_\_\_\_\_

Sex: \_\_\_ Race: \_\_\_\_\_ Month & Year Joined Organization: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_ DOB: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ FL Drivers License #: \_\_\_\_\_

Sex: \_\_\_ Race: \_\_\_\_\_ Month & Year Joined Organization: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_ DOB: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ FL Drivers License #: \_\_\_\_\_

Sex: \_\_\_ Race: \_\_\_\_\_ Month & Year Joined Organization: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_ DOB: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ FL Drivers License #: \_\_\_\_\_

Sex: \_\_\_ Race: \_\_\_\_\_ Month & Year Joined Organization: \_\_\_\_\_