



Licensing Division, MS 6006
Department of Inspections and Permits
2664 Riva Road, Annapolis, MD 21401
Telephone: (410) 222-7788
Fax: (410) 222-4488
www.aacounty.org

APPLICATION FOR CLASS "S" LICENSE

LICENSE NUMBER: _____

A Class "S" license authorizes not more than five paddle wheels, wheels of fortune, big-six wheels or bingo games to be operated by members of an eligible organization in its regular place of meeting. The license expires April 30 of each year. Prizes may not exceed \$50 for the playing of any wheel device.

1. Applicant (Organization or Corporation) _____

Maryland Department of Assessments & Taxation ID Number _____

2. Mailing Address _____

3. Telephone Number _____ E-Mail Address _____

4. List the names, addresses, and titles of all officers of the association or corporation that is applying for this license:

Table with 4 columns: NAME, ADDRESS, CITY, TITLE. Includes a note: (Continue on a separate sheet, if more space is needed)

5. MARK THE APPROPRIATE RESPONSE. The applicant is:

- ___ Charitable ___ Fraternal ___ War Veterans ___ Religious ___ Amateur Athletic
___ Civic Association or Organization ___ Volunteer Fire Company

6. Specify by quantity and description of the devices and/or games to be operated. Bingo includes both called games and pull-tab dispensers.

Blank lines for specifying devices and games to be operated.

Do you use electronic hand-held playing cards? ___ YES ___ NO

Do you use other electronic bingo equipment? ___YES ___NO
If yes, please list that equipment below.

7. Give address where the licensed devices will be operated _____

8. Is this the regular place of meeting for the organization? ___YES ___NO

9. Specify the date(s) and time(s) the devices or bingo games will be operated.

10. Specify the purpose(s) to which the proceeds from the operation of the licensed devices are to be applied _____

11. Are all devices and games to be operated under this license owned by the named applicant?
___YES ___NO

12. A list of all bona fide members of the organization who will operate the devices authorized by this license must be attached this application. The list must include complete name, address, age and date of membership.

I solemnly declare and affirm, under the penalty of perjury, that the above statements are true and correct. Furthermore, I understand that a complete and accurate financial statement of all funds generated under this license, must be submitted to the Department within sixty days of the expiration of the license.

Signature

Date

Printed Name

Title

FEE: \$50 per year (Make check payable to "Anne Arundel County.")

License number S _____ issued (date) _____

Financial report received (date) _____