



Licensing Division, MS-6006  
2664 Riva Road  
Annapolis, MD 21401

## Bingo Manufacturer and Distributor License Application

(Please type or print clearly)

A license is required for any person who manufacturers, sells, leases, or otherwise provides or distributes bingo equipment or supplies to commercial bingo license holders. The annual license fee is \$2,000.00.

1. \_\_\_\_\_  
Full Name of Applicant Telephone Number

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
FAX Number

\_\_\_\_\_  
E-Mail

a. The applicant is a \_\_\_partnership \_\_\_individual \_\_\_corporation \_\_\_other:\_\_\_\_\_

b. State or other jurisdiction of incorporation or organization \_\_\_\_\_

c. Federal Employer Identification Number \_\_\_\_\_

2. If you are a corporation, specify the name, date of birth, address, and title of each officer, director and shareholder having a 10 percent interest or more. All other applicants must specify the name, date of birth, and address of all owners. Attach additional sheets if more space is necessary.

NAME & TITLE	DATE OF BIRTH	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

MARYLAND RESIDENT AGENT	DATE OF BIRTH	ADDRESS
_____	_____	_____
_____	_____	_____

Applicant's Maryland Sales and Use Tax Account Number \_\_\_\_\_

Applicant's Maryland Personal Property Tax Account Number \_\_\_\_\_

3. Attach a list of the equipment or supplies that will be offered to the commercial bingo licensees. You may attach a catalog of equipment and supplies in lieu of a list.
4. List any electronic equipment that you provide to customers. Provide a sample of all reports that each product generates.
5. Attach a list of the names and addresses of each location operated by the applicant.

(Continued on reverse)

6. Attach evidence of workers compensation insurance or a certificate of compliance from the Maryland Workers' Compensation Commission.
7. Attach a completed disclosure statement for each person listed in Section 2 above.
8. Is the applicant licensed in other jurisdictions? \_\_\_Yes \_\_\_No

If you answered "yes" to the above question, please attach copies of those licenses, and provide a name, telephone number, and mailing address for each jurisdiction. If you answered no, the following information must be provided for each name given in section 2.

- a. A review by a certified public accountant of the personal financial background, including a review of contingent or pledged liabilities.
- b. An income statement for the most recent fiscal year.
- c. The name address and telephone number of three professional or personal character references.

On behalf of the aforementioned applicant under the penalty of perjury, I certify that all of the statements in the reports, forms and attachments comprising this application are true to the best of my knowledge. It is understood that this verification will be considered an integral part of the application. It is further understood that if there is any change with respect to any of the facts herein set forth, during the pendency of the application, such change must be reported to the Department immediately by the undersigned. If any changes occur after the issuance of the license applied for, such change must be reported to the Department in accordance with the requirements of Article 11 of the Anne Arundel County Code and the 'Commercial Bingo Licensure and Operation Regulations.' It is further understood that any false and/or incorrect statements may result in proceedings to revoke, cancel or suspend such license.

\_\_\_\_\_

Signature Title Date

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STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_, being duly sworn, deposes and says he/she is the applicant named above, or an officer of the corporation, or a member of the partnership in behalf of which the application is made, that he/she has read the application and that the statements therein are true to the best of his/her knowledge and belief.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public