



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

## Class "S" License Application

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:

NAME	ADDRESS	CITY	TITLE
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(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.

\_\_\_\_\_

\_\_\_\_\_

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.")

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License number S \_\_\_\_\_ issued (date) \_\_\_\_\_

Financial report received (date) \_\_\_\_\_