



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

**APPLICATION FOR CLASS ‘T’ LICENSE**

*A complete application must be submitted no less than 48 hours in advance of the event.*

A Class ‘T’ 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 at a fund raising event in their regular meeting place. Qualified members must be a member for at least twelve months preceding the event. No person may receive compensation for managing or operating the devices. Assistance from professional gaming device operators is prohibited. Prizes for wheels may not exceed \$50.00. A report of all proceeds is required within sixty days of the event.

1. Applicant (Organization or Corporation) \_\_\_\_\_

Is the applicant a non-profit organization? YES \_\_\_ NO \_\_\_

Is the applicant registered with the State Department of Assessment and Taxation? YES\_\_\_ NO\_\_\_

2. The applicant is a charitable, fraternal, war veteran’s, religious, amateur athletic, civic association or organization, or a volunteer fire company. (Circle the proper reply).

3. The applicant has been in existence \_\_\_\_\_ less than one year  
\_\_\_\_\_ one year  
\_\_\_\_\_ two years or more

4. Mailing Address \_\_\_\_\_  
\_\_\_\_\_

5. Telephone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

6. List the names, addresses and titles of **all officers** of the association or corporation applying for this license:

NAME	ADDRESS	CITY	TITLE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Continue on a separate sheet, if more space is needed)

7. Provide a brief description of the event, including its purpose. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. This event is sponsored by \_\_\_\_\_

9. Give the name and daytime telephone number of the chairman, or contact person

\_\_\_\_\_

10. Specify by quantity and type the devices to be operated \_\_\_\_\_

\_\_\_\_\_

11. Give address where the license devices will be operated \_\_\_\_\_

\_\_\_\_\_

12. Specify the date(s) and time(s) the devices will be operated \_\_\_\_\_

Beginning \_\_\_\_\_ Ending \_\_\_\_\_

13. Specify the purpose to which funds derived from the operation of the licensed devices are to be applied:

\_\_\_\_\_

\_\_\_\_\_

14. The name and address of the owner of the proposed licensed devices is:

\_\_\_\_\_

\_\_\_\_\_

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 must be submitted to the Department within sixty days of the event.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name Title

FEE: \$20 per day (Not to exceed \$50.00 – Make check payable to “Anne Arundel County”)

\*\*\*\*\*

License number T \_\_\_\_\_ issued by order of the Director \_\_\_\_\_  
Date

Financial Report Received \_\_\_\_\_  
Date