



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

**FINANCIAL REPORT FOR WHEELS**

License No. \_\_\_\_\_

**Article 11 of the Anne Arundel County Code, requires the following information. Complete this form and return to the address shown above within sixty days of the expiration of your Class D, S, T or U license. You may attach additional sheets as needed. This report must cover all revenue generated from the operation of any fund-raising event, other than regular or instant bingo. A separate form is available for reporting bingo and pull-tab revenue. Article 11-2-710 of the Anne Arundel County Code requires that this report be notarized.**

Name of Organization: \_\_\_\_\_

This report covers funds raised from \_\_\_\_\_  
(Specify event or devices)

**held on \_\_\_\_\_.**

A. GROSS RECEIPTS \$ \_\_\_\_\_  
Itemize:

B. OPERATING EXPENSES \$ \_\_\_\_\_  
Itemize:

C. PRIZES AWARDED \$ \_\_\_\_\_

D. NET PROCEEDS \$ \_\_\_\_\_

List the amount given to and the name of any recipient(s) of the net proceeds:

*(over)*

**Attach a list with the name, address, age and date of membership for all individuals who managed or operated any gaming device or game.**

By my signature I certify that each individual who managed or operated a game or gaming device is a bona fide member of the organization who has obtained membership in accordance with our charter and bylaws. I solemnly declare and affirm, under the penalty of perjury, that all the statements in this report, and attachments hereto, are true and accurate to the best of my knowledge.

_____	_____
Signature	Date
_____	_____
Printed Name	Title
_____	
Daytime Phone	

STATE OF MARYLAND

**THIS CERTIFIES that before the subscriber, a**

\_\_\_\_\_

**of the State of Maryland, personally appeared**

\_\_\_\_\_,  
**on behalf of the organization named in this report and made oath in due form of law that he/she has read the report and that the statements contained therein are true to the best of his/her knowledge and belief.**

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

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