

GEORGIA BUREAU OF INVESTIGATION
 BINGO UNIT
 P.O. BOX 370808
 DECATUR, GA 30037-0808



STATE OF GEORGIA
 APPLICATION FOR LICENSE TO OPERATE
 NON-PROFIT BINGO GAMES

OFFICE USE ONLY			
	MO.	DAY	YEAR
ISSUED			
LIC. NO.			
LIC. FEE	\$100.00		

APPLICATION MUST BE TYPEWRITTEN		<input type="checkbox"/> NEW		<input type="checkbox"/> RENEWAL		PRESENT LIC.NO.	
NAME OF ORGANIZATION				BUSINESS PHONE NO./ FAX NO.			
STREET ADDRESS			CITY		STATE		COUNTY
MAILING ADDRESS			CITY		STATE		ZIP CODE
FEDERAL EMPLOYER IDENTIFICATION NO.			GEORGIA SALES TAX NO.		STATE WITHHOLDING NO.		
DOES APPLICANT HOLD ANY ALCOHOLIC BEVERAGE LICENSE				<input type="checkbox"/> YES		<input type="checkbox"/> NO	
If yes, give the licensee's name and license number as shown on license.							
NAME				LICENSE NO.			
DATE ORGANIZATION INCORPORATED OR FORMED Attach a copy of Instrument creating organization such as articles of incorporation, constitution, by-laws, etc.							
MONTH	DAY	YEAR					
DATE TAX EXEMPTION GRANTED BY IRS			DATE TAX EXEMPTION GRANTED BY DEPT. OF REVENUE				
Attach copy of determination letter from IRS.			Attach copy of determination letter from State Dept. of Revenue.				
MONTH	DAY	YEAR	MONTH	DAY	YEAR		
LOCATION OF FACILITY WHERE BINGO GAMES WILL BE OPERATED							
NAME OF FACILITY				STREET ADDRESS			
CITY			STATE		ZIP CODE		TELEPHONE NUMBER / FAX NUMBER
DOES APPLICANT OWN THIS FACILITY				<input type="checkbox"/> YES		<input type="checkbox"/> NO	
If not, complete the following.							
STREET ADDRESS				CITY		STATE	ZIP
TELEPHONE NUMBER		COUNTY FACILITY LOCATED IN					
Does owner of facility hold a state license to operate a non-profit bingo game?						<input type="checkbox"/> YES	<input type="checkbox"/> NO
LICENSE NUMBER		ATTACH COPY OF CURRENT LEASE AGREEMENT FOR THE FACILITY					
Does owner of facility hold any alcoholic beverage license?						<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, give license name and number as shown on license.						LICENSE NUMBER	
LIST FULL NAME & OTHER REQUIRED INFO. FOR EACH OFFICER & BOARD MEMBER OF ORGANIZATION							
NAME		POSITION HELD	DOB	HOME ADDRESS			SALARY
LIST THREE (3) INDIVIDUALS TO BE LISTED ON THE LICENSE WHO WILL BE RESPONSIBLE FOR THE OPERATION OF THE BINGO GAMES. ONE OF THE INDIVIDUALS MUST BE PRESENT AT ALL TIMES DURING THE OPERATION OF BINGO GAMES.							
NAME		POSITION HELD	DOB	HOME ADDRESS			SALARY
HAS THIS ORGANIZATION OR ANY OFFICER, BOARD MEMBER OR ANY OTHER PERSON INVOLVED IN THE OPERATION OF THE ORGANIZATION, EVER BEEN CONVICTED OF A VIOLATION OF ANY FEDERAL, STATE, COUNTY OR MUNICIPAL LAW?							
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE FULL DETAILS ON A SEPARATE PAGE.							

NOTE: If more space is needed, attach additional sheets

IF APPLICANT IS A BRANCH OR CHAPTER OF A NATIONAL ORGANIZATION COMPLETE INFORMATION BELOW (SUBMIT A CURRENT LETTER OF GOOD STANDING FROM NATIONAL ORGANIZATION)

NAME OF PARENT ORGANIZATION		FED. EMPL. I.D. NO.		
STREET ADDRESS		CITY	STATE	ZIP
				TELEPHONE NO.

INFORMATION ON GENERAL MANAGER OF ORGANIZATION APPLYING FOR LICENSE

NAME	DOB	TITLE	SALARY	
STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE NO.
OTHER BENEFITS RECEIVED FROM ORGANIZATION & HOW COMPENSATED				

FIRE MARSHAL CERTIFICATE

DATE ISSUED	NUMBER OF OCCUPANTS AUTHORIZED	YOU MUST SUBMIT A COPY OF CERTIFICATE

INFORMATION ON ACCOUNTANT OR PERSON WHO HANDLES FINANCIAL RECORD OF ORGANIZATION

NAME	DOB	ANNUAL FEES RECEIVED FROM ORGANIZATION		
STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE NO.

SUBMIT A CURRENT FINANCIAL STATEMENT FOR THE ORGANIZATION
SUBMIT COPIES OF CONTRACT/PURCHASE AGREEMENTS ON BINGO EQUIPMENT OR STATEMENT OF EQUIPMENT OWNERSHIP
SUBMIT A CURRENT MEMBERSHIP LIST FOR THE ORGANIZATION

PRIVACY ACT NOTIFICATION

The Privacy Act notification of 1974 provides that each state agency inform individuals from whom information is solicited as to the authority for the solicitation of such information and whether disclosure of the information is mandatory or voluntary. The principle purpose for soliciting such information is to administer the laws of the State of Georgia. The completion of all appropriate items requested by the application form is voluntary. The Georgia Code provides penalties for failure to file a return, failure to furnish or supply information required by law or regulation, and information required on return form or for furnishing fraudulent information on applications will cause denial of license.

OATH

NOTE: Before signing this application, check all answers to see that you have answered all questions fully and correctly. This application is to be executed under oath and subject to the penalties of false swearing and it includes all attached sheets submitted herewith. Applicant understands that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein and that any false answers and statements herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application. Should any change occur during the year for which a license is issued pursuant to this application which would require a different answer to any question contained in this application, or any statement which is made a part of this application, such change must be reported as an amendment to this application as specified by Georgia Bureau of Investigation Rules. The failure to make such amendment shall be cause for the revocation of any license issued pursuant to this application. Indicate here that this is fully understood.

STATE OF GEORGIA _____ COUNTY

I, _____, applicant, do solemnly swear, subject to criminal penalties for false swearing that the statements and answers made by me to the foregoing questions in this application for a State License to operate non-profit Bingo games are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

(Signature of Authorized Officer)

I hereby certify that _____ is personally known to me, that he signed his
(Full Name of Applicant)
name to the foregoing application after stating to me that he knew and understood all statements and answers made therein, and, under oath actually administered by me, has sworn that said statements and answers are true.

This _____ day of _____ 20_____
(Notary Public)

(AFFIX SEAL)