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

DIVISION OF CHARITY BINGO
214 State Capitol
Atlanta, Georgia 30334
bingo@sos.ga.gov

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

APPLICATION MUST BE TYPE WRITTEN OR PRINTED IN A LEGIBLE MANNER - USE ADDITIONAL PAPER OR PAGES AS NECESSAR

NAME OF ORGANIZATION	BUSINESS PHONE NO./ FAX NO.

STREET ADDRESS	CITY	STATE	COUNTY

MAILING ADDRESS	CITY	STATE	ZIP CODE

ORGANIZATION EMAIL ADDRESS:

FEDERAL EMPLOYER IDENTIFICATION NO.	GEORGIA SALES TAX NO.	STATE WITHHOLDING NO.

DOES APPLICANT HOLD ANY ALCOHOLIC BEVERAGE LICENSE (O) YES (O) 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 Attach copy of determination letter from IRS.			DATE TAX EXEMPTION GRANTED BY DEPT. OF REVENUE 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 (O) YES (O) NO NAME OF OWNER OF FACILITY

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? (O) YES (O) NO

LICENSE NUMBER	ATTACH COPY OF CURRENT LEASE AGREEMENT FOR THE FACILITY

Does owner of facility hold any alcoholic beverage license? (O) YES (O) 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	TELEPHONE

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	TELEPHONE

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?
(O) YES (O) NO IF YES, GIVE FULL DETAILS ON A SEPARATE PAGE.

NOTE: If more space is needed, attach additional sheets

(OVER)

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
USE ADDITIONAL PAPER IF MORE SPACE IS NEEDED TO ANSWER THE ABOVE QUESTIONS/INFORMATION FROM BOTH PAGES

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 Secretary of State 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 penalites 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)