



APPLICATION FOR BINGO LICENSE

Delaware County
Office of the Treasurer
201 West Front Street, Media, PA 19063
610-891-4273

ALL INFORMATION MUST BE TYPED OR PRINTED IN BLACK OR BLUE INK

1. Select the appropriate box: Initial Application Annual Renewal
2. Submit a check, cashier's check or money order payable to the "Delaware County Treasurer" for the fee due.

TYPE OF APPLICATION FEE

- Regular application \$100.00
- Senior citizen group only \$ 50.00
- 3-day only \$ 15.00
- Entertainment Only \$ 0.00

3. Print the name of the Association

4. Print the phone number (_____) - _____ - _____

5. Print the organization's street address (include city, state, & zip code)

Street: _____

City, State, Zip: _____, _____, _____

6. Print the address of the location where bingo will be played (include city, state, & zip code)

Street: _____

City, State, Zip: _____, _____, _____

7. Print the date on which the organization was formed: ____/____/____

8. Indicate the type of organization (volunteer fire company, ambulance, religious, charitable, fraternal, veterans, civic (includes nonprofit organizations within the established primary and secondary public, private and parochial school systems), county fair or agricultural association or auxiliary thereof, senior citizen residential housing center, senior citizen group, etc.)

9. Will the organization conduct bingo during only one period this year, which shall not exceed three consecutive days? If YES, indicate dates.

YES (dates) _____ NO

10. Is the organization a senior citizens' group, which conducts bingo for its members only? YES NO

11. Does the membership consist exclusively of elderly residents of a senior citizen housing project? YES NO

12. BINGO EQUIPMENT: The organization[Select only one]:

is the sole owner of the equipment used in playing bingo.

is joint owner with a licensed organization of the equipment used in playing bingo

leases the equipment from another licensed organization under a written agreement. The fee for the equipment is not contingent upon the amount of receipts realized from the playing of bingo or the number of people attending the bingo games.

is contracting with a charitable organization or outside operator to conduct bingo at expositions, carnivals or fairs.

13. The premises on which bingo is to be played is...[Select only one]:

owned by the organization.

is leased from the owner under a written agreement. The rental price is not determined by the receipts realized from the bingo games nor the number of people attending the bingo games.

14. Bingo games will[Select only one]:

be conducted by the organization no more than twice in any one week.

only be conducted at carnivals or expositions not exceeding ten days in duration.

15. List the officers of the association:

Name _____ Title _____

Address _____ Phone _____

Name _____ Title _____

Address _____ Phone _____

Name _____ Title _____

Address _____ Phone _____

Name _____ Title _____

Address _____ Phone _____

Name _____ Title _____

Address _____ Phone _____

16. For what purposes are the proceeds from bingo used by your association?

17. Please indicate the documentation you are providing to the Delaware County to substantiate your nonprofit status: *(required)*

a. Written Charter

b. Written Constitution

c. Articles of Incorporation

d. By-laws

18. As the authorized Executive Officer of the organization, I certify, under penalties of perjury and falsification:

- a. The organization will not permit any person under the age of 18 to play bingo unless accompanied by an adult.
- b. The organization is not leasing the premises or personal property used to play the games from a person who has been convicted of a felony or a violation of the Bingo Law.
- c. Prize limits will not exceed: \$250 per regular game, \$2,000 per jackpot game, or \$4,000 per calendar day.
- d. The organization is a not-for-profit (nonprofit organization) as defined in the Bingo Law.

COMMONWEALTH OF PENNSYLVANIA:

SS

COUNTY OF DELAWARE:

Before me this day personally appeared

_____ who being
duly sworn according to law, deposes and says that
the statements contained in the foregoing are true
and correct.

Signature of Executive Officer
or Secretary of the Association

Printed Name

Subscribed and sworn to before me this
_____ day
of _____, 20__.

Contact Information (optional)

Contact Name _____ Daytime Phone () _____ - _____

Email address _____

INSTRUCTIONS FOR COMPLETION OF FORM:

- 1. All information shall be typed or printed in black or blue ink.
- 2. Submit the completed application to the County Treasurer's Office at the address shown on the front of the application.
- 3. Attach a copy of the association's Articles of Incorporation OR Constitution OR Charter OR a copy of the association's By-laws.
- 4. The executive officer or secretary of the association must sign the application.
- 5. The association must be in existence or conducting business for more than two years.
- 6. The application and all accompanying documentation is subject to review by the District Attorney's Office.

FOR OFFICE USE ONLY
License No. _____
Issued: _____
Effective: _____
Expires: _____
Replaces License No. _____