

HERNANDO COUNTY ORDINANCE NO. 93-18, AS AMENDED, REQUIRES ANYONE SPONSORING A BINGO GAME OR LEASING PROPERTY THAT WILL BE USED FOR THE PURPOSE OF CONDUCTING BINGO TO OBTAIN A BINGO PERMIT.

This packet contains the following:

1. Hernando County Bingo Permit Application.
2. Bingo Permit Instruction Sheet (to assist the applicant in filling out the application).
3. A copy of the daily financial report.
4. A copy of the monthly financial report.
5. A copy of the annual financial report.
6. A copy of Hernando County Ordinance 93-18.
7. Renewal Affidavit.
8. This procedure sheet.

The bingo packets will be available at the Hernando County Development Department, 20 N. Main Street, Room 162, Brooksville, FL 34601. The following items will be returned to the above office:

1. The completed notarized bingo application with the required attachments as described in the bingo application.
2. For those applying for an "A" permit or those applying for both an "A" permit and a "B" permit, a copy of their proof of tax exempt status from the Internal Revenue Service.
3. The stamped envelope should be addressed to the name and address of the applicant who has applied for the permit(s).
4. A \$100.00 fee for permit "A" and/or a \$75.00 fee for permit "B".

After all of the above items are submitted to the Development Department, an investigation will be conducted. Within 60 days of submittal of a complete application, the applicant will be notified if the permit was approved or denied.

No further applications are needed for a renewal if the permit holder has complied with Hernando County Bingo Ordinance No. 93-18, as amended. The permit holder need only bring the "Annual Financial Statement", and "Renewal Affidavit" to the Building Division of the Development Department, pay the required fee(s), and the bingo permit will be renewed.

BINGO PERMIT INSTRUCTION SHEET

THE ATTACHED HERNANDO COUNTY BINGO PERMIT APPLICATION IS APPLICATION TO ALL ORGANIZATION, GROUPS, ASSOCIATION, OR INDIVIDUALS WHO INTEND TO CONDUCT BINGO GAMES OR LEASE PREMISES FOR THE PURPOSE OF CONDUCTING BINGO WITHIN HERNANDO COUNTY.

Applicants of an "A" permit shall be a permitted charitable organization, authorized organization, associational group, or organization who will conduct bingo games at their own site or a site from another permitted organization or property owned by a municipality or the county which is duly authorized for the conduct of such games. Applicants of a "B" permit are persons or organizations acting as a lessor to an "A" permit holder. Persons or organizations conducting bingo and acting as a lessor must apply for both the "A" and "B" permits.

QUESTION 1 - Provide the name and physical address of the hall used for bingo games.

QUESTION 2 - Provide the name of the persons or organization who is your landlord for the hall.

QUESTION 3 - If your organization is leasing the location for the purpose of conducting bingo or for the purposes of subleasing it to another, provide the name you used on the lease. List any DBAs you used on the contract.

QUESTION 4 - If your organization is acting as a landlord to another who will be using the hall for bingo games, provide the name(s) and address(es) for the tenant(s), as well as a contact person(s) who is involved with that organization's bingo operations. Attach sheets if necessary.

QUESTION 5 - Self-explanatory.

QUESTION 6 - Provide the name(s) of the authorized applicant sponsor who will be deriving benefit from the bingo games.

QUESTION 7 - The listed questions must be completed by the persons requested, who then must sign the applications individually.

QUESTIONS 8, 9, 10, 11, 12 - Self-explanatory.

QUESTION 13 - List the authorized signers who will be issuing checks, dispersing funds, and reconciling the monthly statements.

QUESTION 14 - Use the Financial Statement and Renewal Affidavit forms available from the Hernando County Development Department, located in Brooksville.

QUESTION 15 - The member volunteer list must include the volunteer's full name and date of membership application. Updated volunteer lists shall be in the possession of the Sheriff's Office prior to any new members assisting in the conduct of bingo. When filing an updated volunteer list, a new application is not required nor is a fee assessed.

QUESTION 16 - The statement must be read and attested to by persons described in Section 2 (Definitions) of the Ordinance. These "principal officers" must be included in Question #7 of this application. The signatures must be notarized according to the State notary laws.

HERNANDO COUNTY BINGO PERMIT APPLICATION

COUNTY ORDINANCE NO. 93-18, AS AMENDED

PERMIT APPLIED FOR: A _____ B _____ Both _____

APPLICANT: Individual _____ Unincorporated Organization _____ Corporation _____

1. Address of site to be used for bingo games.

2. Owner of building to be used for bingo.

Owner's Name: _____

Address: _____

3. If leased from the above-listed owner, what name did you used on the lease agreement? ATTACH COPY OF SIGNED AGREEMENT.

Name: _____

Address: _____

Current Phone No. _____

4. If the site is subleased to, assigned to, or an agreement to use the premises for bingo by another, provide the name of the "charitable organization", "authorized organization", or "associational group or organization" using the site. Provide the name of the organization. ATTACH COPY OF EXECUTED SUBLEASE OR AGREEMENT.

Name of Organization: _____

Address of Organization:

Contact Person: _____

Current Phone No. _____

5. If your organization is leasing the premises from another non-profit organization, provide the name of that organization, the class, and date of issuance of the permit held by that organization. ATTACH COPIES OF EXECUTED LEASE AGREEMENT.

Leasing Organization: _____

Address: _____

Permit Class: _____

Date: _____

Contact Person: _____

Current Phone No. _____

6. Name the "Charitable organization", "authorized organization", "associational group or organization", or "individual" operating bingo games at the site.

Name of Organization: _____

Individual Name: _____

DOB: _____

Address of Organization:

Individual Home Address:

Contact Person: _____

Current Phone No. _____

7. Name the corporation, organization, or principal officers of your organization.

IF APPLICANT IS A CORPORATION, ATTACH COPIES OF ARTICLES OF INCORPORATION WITH ALL AMENDMENTS THERETO AND THE CHARTER ISSUED BY THE SECRETARY OF STATE. IF APPLICANT IS AN UNINCORPORATED ORGANIZATION, ATTACH COPIES OF THE ORGANIZATION'S CONSTITUTION AND BY-LAWS.
UPON ANSWERING THE FOLLOWING QUESTIONS, THE OFFICERS LISTED BELOW MUST SIGN AND ATTEST TO THEIR ACCURACY.

(A.) Bingo Chairman, Manager Organizer, or Individual **(Circle one)**

Name: _____
DOB: _____

Social Security No. _____

Have you ever been convicted of any misdemeanor involving theft, illegal gambling, or any felony in Florida, the United States, or any other state? Yes _____ No _____ If yes, provide the particular criminal act, location, and date.

Address (last five years) and Current Phone No. _____

Are you a U.S. citizen? Yes _____ No _____

If naturalized, state date and location:

SIGNED: _____

(B.) President/Chairman of Organization

Name: _____

DOB: _____

Social Security No. _____

Have you ever been convicted of any misdemeanor involving theft, illegal gambling, or any felony in Florida, the United States, or any other state?

Yes _____ No _____

If yes, provide the particular criminal act, location, and date.

Address (last five years) and Current Phone No.

Are you a U.S. citizen? Yes _____ No _____

If naturalized, state date and location: _____

SIGNED: _____

(C.) Vice President/Partner of Organization

Name: _____

DOB: _____

Social Security No. _____

Have you ever been convicted of any misdemeanor involving theft, illegal gambling, or any felony in Florida, the United States, or any other state? Yes _____ No _____ If yes, provide the particular criminal act, location, and date.

Address (last five years) and Current Phone No.

Are you a U.S. citizen? Yes _____ No _____

If naturalized, state date and location: _____

SIGNED: _____

(D.) Treasurer/Bookkeeper CFO for Organization

Name: _____

DOB: _____

Social Security No. _____

Have you ever been convicted of any misdemeanor involving theft, illegal gambling, or any felony in Florida, the United States, or any other state? Yes _____ No _____ If yes, provide the particular criminal act, location, and date.

Address (last five years) and Current Phone No.

Are you a U.S. citizen? Yes _____ No _____

If naturalized, state date and location:

SIGNED: _____

(E.) Registered Agent/Designated Representative, or Individual

Name: _____

DOB: _____

Social Security No. _____

Have you ever been convicted of any misdemeanor involving theft, illegal gambling, or any felony in Florida, the United States, or any other state? Yes _____ No _____ If yes, provide the particular criminal act, location, and date.

Address (last five years) and Current Phone No.

Are you a U.S. citizen? Yes _____ No _____

If naturalized, state date and location:

SIGNED: _____

(F.) Secretary of Organization

Name: _____

DOB: _____

Social Security No. _____

Have you ever been convicted of any misdemeanor involving theft, illegal gambling, or any felony in Florida, the United States, or any other state? Yes _____ No _____ If yes, provide the particular criminal act, location, and date.

Address (last five years) and Current Phone No.

Are you a U.S. citizen? Yes _____ No _____

If naturalized, state date and location: _____

SIGNED:

8. Provide proof on non-profit status, attach copies of your 501(c) of the IRC of 1954, or s528 of the IRC of 1986, as amended.

9. Provide documentary evidence of the organization existence within Hernando County for no less than three years, i.e. corporate charter, partnership agreement, occupational permit. ATTACH COPIES.

10. If your organization is a branch, chapter, lodge, or local unit of a "charitable organization", "authorized organization", or "associational group or organization", provide the primary or parent organization.

Name of Organization:

Address of Organization:

Contact Person:

Current Phone No. _____

11. Check days on which bingo games will be held.
(CHECK NO MORE THAN TWO)

Sunday _____

Thursday _____

Monday _____

Friday _____

Tuesday _____

Saturday _____

Wednesday _____

12. Has your organization applied for a Municipal or County permit to conduct bingo or to lease premises for the conduct of bingo in any other Municipality or County? Yes _____ No _____ If yes, has that permit ever been suspended or revoked? Yes _____ No. _____ If yes, provide date and location.

13. List the bank account number in which the proceeds from bingo or from the lease of any premises for the conduct of bingo will be deposited.

Bank Name and Branch Location: _____

Account No.: _____

Signer: _____ DOB: _____

Social Security No. _____

Address: _____

Signer: _____ DOB: _____

Social Security No. _____

Address: _____

14. If you are renewing your County permit, complete the annual financial statement for your organization on the financial statement form which is approved and provided by the Development Department. Also attached you

will find an affidavit to be completed if there have been no changes in your Board of Directors. The use of this form will assist in an automatic renewal of your permit.

If there has been a change or changes in your Board membership or organization, a new application will need to be completed and submitted for approval by the Development Department.

15. Attach a list of the charitable organization members who will be working as volunteers at the bingo games. These volunteers must be members of the charitable organization for at least three months prior to being listed. This list must be updated at the time of any change in volunteers and kept on the premises.

16. THE FOLLOWING STATEMENT MUST BE READ AND SWORN TO BY TWO "PRINCIPAL OFFICERS" OF THE ORGANIZATION.

WE HEREBY AUTHORIZE THE HERNANDO COUNTY SHERIFF'S OFFICE TO CONDUCT AN INVESTIGATION AND OBTAIN ANY AND ALL DOCUMENTS AND RECORDS NECESSARY TO VERIFY ANY INFORMATION PROVIDED IN THIS APPLICATION. WE HEREBY CERTIFY THAT THE FOREGOING STATEMENTS AND ATTACHMENTS ARE TO THE BEST OF OUR KNOWLEDGE TRUE AND ACCURATE. WE UNDERSTAND THAT ANY OMISSION OR MISREPRESENTATION OF FACT IN THIS APPLICATION SHALL RESULT IN THE DENIAL OF A PERMIT, OR IF IT HAS BEEN ISSUED, THE BOARD OF COUNTY COMMISSIONERS MAY SUSPEND OR REVOKE THE PERMIT. WE A RECORDS WILL BE INSPECTED BY A REPRESENTATIVE OF THE SHERIFF, AND WE HEREBY CONSENT TO SUCH INSPECTIONS.

WE ACKNOWLEDGE RECEIPT OF A COPY OF HERNANDO COUNTY ORDINANCE NO. 93-18, AS AMENDED, AND DO HEREBY CERTIFY THAT WE HAVE READ AND UNDERSTAND THE CONTENTS THEREOF. WE UNDERSTAND THAT ANY VIOLATION OF NON-COMPLIANCE WITH THE AFOREMENTIONED ORDINANCE WILL RESULT IN THE SUSPENSION OR REVOCATION OF OUR PERMIT AND/OR ANY PRESCRIBED PENALTIES SET FORTH BY THIS ORDINANCE OR APPLICABLE LAWS.

WE HEREBY AGREE TO UPDATE OR AMEND THIS APPLICATION AND/OR MEMBER VOLUNTEER LIST IN A TIMELY MANNER AS CHANGES OCCUR, AND TO SUBMIT A COPY OF ANY LEASE, SUBLEASE, OR RENTAL AGREEMENT ENTERED INTO DURING THE TIME THE PERMIT IS IN EFFECT. (signed by two principal officers)

Name: _____

Title: _____

Address: _____

Current Phone No. _____

Social Security No. _____

Name: _____

Title: _____

Address: _____

Current Phone No. _____

Social Security No. _____

STATE LSO UNDERSTAND THAT THE PREMISES, DOCUMENTS, AND OF FLORIDA COUNTY OF HERNANDO

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, who is personally known to me or who has produced _____, as identification. _____

Signature of Notary

Print or Stamp Name of Notary
(seal)

DAILY FINANCIAL REPORT FOR BINGO OF

(Date) _____

Organization _____,

Permit No. _____

I. INCOME:

A. Card Sales	GROSS
	\$ _____
1. Door Sales	\$ _____
2. Floor Sales	\$ _____
B. Concessions	GROSS
	\$ _____
1. Sales	\$ _____
2. Concession Lease Income	\$ _____
C. Sublease Income	GROSS
	\$ _____
1. Equipment	\$ _____
2. Rent	\$ _____
3. Tables/Chairs	\$ _____
4. Other	\$ _____
D. Bingo Supplies	GROSS
	\$ _____
E. Donations	\$ _____
<u>TOTAL GROSS INCOME</u>	\$ _____

DAILY FINANCIAL REPORT FOR BINGO OF (Continued Liabilities)

II. LIABILITIES:

A. Prizes	\$ _____
B. Rent or Mortgage Payment	\$ _____
C. Bingo Supplies	GROSS \$ _____
1. Cards	\$ _____
2. Other	\$ _____
D. Tables/Chairs	\$ _____
E. Utilities	\$ _____
F. Security Personnel	\$ _____
G. Cleanup	\$ _____
H. Promotions/Advertising	\$ _____
I. Free Refreshments	\$ _____
J. Facility Maintenance	\$ _____
K. Concessions	GROSS \$ _____
1. Food	\$ _____
2. Utensils	\$ _____
3. Equipment	\$ _____
4. Other Supplies	\$ _____
<u>GROSS LIABILITIES</u>	\$ _____

I HEREBY CERTIFY THAT THE AFOREMENTIONED FINANCIAL REPORT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

NAME

TITLE

DATE

I HAVE REVIEWED THE ABOVE REPORT AND CONCUR WITH THE STATED FIGURES.

NAME

TITLE

DATE

**MONTHLY FINANCIAL REPORT FOR
(Month/Year)_____**

Organization_____,
Permit No. _____

I. FUNDS CARRIED OVER FROM PREVIOUS MONTH:

\$ _____

II. INCOME:

A. Card Sales

GROSS

\$ _____

1. Door Sales

\$ _____

2. Floor Sales

\$ _____

B. Concessions

GROSS

\$ _____

1. Sales

\$ _____

2. Concession
Lease Income

\$ _____

C. Sublease Income

GROSS

\$ _____

1. Equipment

\$ _____

2. Rent

\$ _____

3. Tables/Chairs

\$ _____

4. Other

\$ _____

D. Bingo Supplies

GROSS

\$ _____

**E. Interest on Bingo
Account**

\$ _____

F. Miscellaneous Income

\$ _____

G. Donations

\$ _____

TOTAL GROSS INCOME

\$ _____

MONTHLY FINANCIAL REPORT (Continued Liabilities)

FOR
(Month/Year) _____

II. LIABILITIES:

A. Prizes \$ _____

B. Rent or Mortgage Payment \$ _____

C. Bingo Supplies GROSS
\$ _____

1. Blower/Rack \$ _____

2. Display Board \$ _____

3. Video Equipment \$ _____

D. Bingo Supplies GROSS
\$ _____

1. Cards \$ _____

2. Other \$ _____

E. Tables/Chairs \$ _____

F. Utilities \$ _____

G. Insurance \$ _____

H. Security Personnel \$ _____

I. Cleanup \$ _____

J. Promotions/Advertising \$ _____

K. Free Refreshments \$ _____

L. Facility Maintenance \$ _____

M. Concessions GROSS
\$ _____

1. Food \$ _____

2. Utensils \$ _____

3. Equipment \$ _____

4. Other Supplies \$ _____

V. DISBURSEMENTS: Continued		
SUB-TOTAL from previous page		\$ _____
NAME	CHECK # & DATE	\$ AMOUNT
VII. MONTHLY TO DATE NET INCOME:		\$ _____

WE CERTIFY THAT THE AFOREMENTIONED FINANCIAL STATEMENT IS TRUE AND ACCURATE TO THE BEST OF OUR KNOWLEDGE.

NAME

TITLE

DATE

NAME

TITLE

DATE

**ANNUAL FINANCIAL REPORT FOR
FISCAL YEAR _____**

Organization _____,
Permit No. _____

I. FUNDS CARRIED OVER FROM PREVIOUS FISCAL YEAR:

\$ _____

II. INCOME:

A. Card Sales

GROSS

\$ _____

1. Door Sales

\$ _____

2. Floor Sales

\$ _____

B. Concessions

GROSS

\$ _____

1. Sales

\$ _____

2. Concession
Lease Income

\$ _____

C. Sublease Income

GROSS

\$ _____

1. Equipment

\$ _____

2. Rent

\$ _____

3. Tables/Chairs

\$ _____

4. Other

\$ _____

D. Bingo Supplies

GROSS

\$ _____

**E. Interest on Bingo
Account**

\$ _____

F. Miscellaneous Income

\$ _____

G. Donations

\$ _____

TOTAL GROSS INCOME

\$ _____

ANNUAL FINANCIAL REPORT (Continued Liabilities)

II. LIABILITIES:

A. Prizes \$ _____

B. Rent or Mortgage Payment \$ _____

C. Bingo Equipment GROSS
\$ _____

1. Blower/Rack \$ _____

2. Display Board \$ _____

3. Video Equipment \$ _____

D. Bingo Supplies GROSS
\$ _____

1. Cards \$ _____

2. Other \$ _____

E. Tables/Chairs \$ _____

F. Utilities \$ _____

G. Insurance \$ _____

H. Security Personnel \$ _____

I. Cleanup \$ _____

J. Promotions/Advertising \$ _____

K. Free Refreshments \$ _____

L. Facility Maintenance \$ _____

M. Concessions GROSS
\$ _____

1. Food \$ _____

2. Utensils \$ _____

3. Equipment \$ _____

4. Other Supplies \$ _____

N. Permit Fees GROSS
\$ _____

1. State \$ _____

2. Local \$ _____

O. Accounting /Bookkeeping \$ _____

P. Miscellaneous Fees \$ _____

GROSS LIABILITIES \$ _____

III. LIABILITIES:

I. Cleanup \$ _____

J. Promotions/Advertising \$ _____

K. Free Refreshments \$ _____

L. Facility Maintenance \$ _____

M. Concessions GROSS \$ _____

1. Food \$ _____

2. Utensils \$ _____

3. Equipment \$ _____

4. Other Supplies \$ _____

N. Permit Fees GROSS \$ _____

1. State \$ _____

2. Local \$ _____

O. Accounting/Bookkeeping \$ _____

P. Miscellaneous Fees_ \$ _____

GROSS LIABILITIES \$ _____

IV. NET WORTH:		\$ _____
V. DISBURSEMENTS:		
V. DISBURSEMENTS:	A. Amount Available for Disbursements	\$ _____
	B. Amount to be Carried to Following Fiscal Year	\$ _____
VI. DISBURSEMENTS MADE FOR FISCAL YEAR		\$ _____

NAME	CHECK # & DATE	\$ AMOUNT
VII. MONTHLY TO DATE NET INCOME:		\$ _____

ANNUAL FINANCIAL REPORT (Continued Liabilities)

WE CERTIFY THAT THE AFOREMENTIONED FINANCIAL STATEMENT IS TRUE AND ACCURATE TO THE BEST OF OUR KNOWLEDGE.

NAME

TITLE

DATE

NAME

TITLE

DATE