



**MARION COUNTY BOARD OF COUNTY COMMISSIONERS
COUNTY ADMINISTRATOR**

601 SE 25th Avenue
Ocala, Florida 34471

es to advise by all pr
OFFICE USE ONLY

Approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date:		

<input type="checkbox"/>	New Application
<input type="checkbox"/>	Renewal
<input type="checkbox"/>	Amendment

APPLICATION FOR BINGO LICENSE

APPLICANT INFORMATION					
Name of Organization			Business Telephone		
Address			Home Telephone		
City, State, ZIP Code			Alternate Telephone		
Other Address or Telephone Numbers used in last three (3) years					
CHAIRPERSON INFORMATION Person designated by the applicant who will be responsible for the running of any bingo game					
Name (Last)		(First)	(Middle)	Business Telephone	Date of Birth
Address			Home Telephone		
City, State, ZIP Code			Alternate Telephone		
MEMBER INFORMATION					
Name (Last)		(First)	(Middle)	Business Telephone	Date of Birth
Address			Home Telephone		
City, State, ZIP Code			Alternate Telephone		
Name (Last)		(First)	(Middle)	Business Telephone	Date of Birth
Address			Home Telephone		
City, State, ZIP Code			Alternate Telephone		
Name (Last)		(First)	(Middle)	Business Telephone	Date of Birth
Address			Home Telephone		
City, State, ZIP Code			Alternate Telephone		
Have any of the individuals listed above been convicted of any misdemeanor involving theft or illegal gambling or of any felony under the laws of the State of Florida, any other state, or the United States within the last five years?					
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the following information:					
Name of Individual:		Particular Criminal Act:		Place of Conviction:	

MEMBER INFORMATION				
Name (Last)	(First)	(Middle)	Business Telephone	Date of Birth
Address			Home Telephone	
City, State, ZIP Code			Alternate Telephone	
Name (Last)	(First)	(Middle)	Business Telephone	Date of Birth
Address			Home Telephone	
City, State, ZIP Code			Alternate Telephone	
Name (Last)	(First)	(Middle)	Business Telephone	Date of Birth
Address			Home Telephone	
City, State, ZIP Code			Alternate Telephone	
Name (Last)	(First)	(Middle)	Business Telephone	Date of Birth
Address			Home Telephone	
City, State, ZIP Code			Alternate Telephone	
Name (Last)	(First)	(Middle)	Business Telephone	Date of Birth
Address			Home Telephone	
City, State, ZIP Code			Alternate Telephone	
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Address			Home Telephone	
City, State, ZIP Code			Alternate Telephone	
Name (Last)	(First)	(Middle)	Business Telephone	Date of Birth
Address			Home Telephone	
City, State, ZIP Code			Alternate Telephone	
Name (Last)	(First)	(Middle)	Business Telephone	Date of Birth
Address			Home Telephone	
City, State, ZIP Code			Alternate Telephone	

Have any of the individuals listed above been convicted of any misdemeanor involving theft or illegal gambling or of any felony under the laws of the State of Florida, any other state, or the United States within the last five years?

Yes No If yes, please complete the following information:

Name of Individual: _____ Particular Criminal Act: _____ Place of Conviction: _____

