



**DIVISION OF PLANNING AND PERMITTING  
FREDERICK COUNTY, MARYLAND**

*Department of Permits and Inspections*  
30 NORTH MARKET STREET • FREDERICK, MARYLAND 21701  
PHONE (301) 600-2313 • FAX (301) 600-2309

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**VOLUNTEER FIRE, RESCUE, AMBULANCE, AUXILIARY PERMIT  
APPLICATION PROCEDURES**

This is an application for a permit to conduct a gaming event according to Frederick County Gaming Ordinance 1-2-101 through 112. The non-profit, charitable organization for whose benefit the event is scheduled must complete the application.

Before this application will be accepted in the Frederick County Department of Permits and Inspections, the applicants must:

1. Fill out the application completely. Any missing items will prevent this application from being processed in a timely manner.
2. Attach prior record affidavits for all persons **directly responsible** for operating the bingo, tip jar/punchboards, raffle and/or gaming event.
3. Attach a copy of the organization's current approved 501(c), (1), (3), (4), (5), (7), (8), (10), (19) or 501(d) Internal Revenue Tax Exempt Form.
4. Attach a copy of evidence of charitable purpose (i.e. organization charter, by-laws).
5. Attach a copy of drivers' license for each individual **directly responsible** for the operation of the bingo games. (Only a Frederick County resident may operate a bingo game).
6. Attach a copy of drivers' license for each individual signing this application request. (If different than #5)
7. Tender the proper annual issuance fee of \$115.00 at the time the application is submitted.

False, omitted, or misleading, information provided on this form will constitute grounds for voiding an issued permit.

Please type or print the application information in ink.

The completed application should be submitted to the Frederick County Department of Permits and Inspections, 30 North Market Street, Frederick, MD 21701. Our office hours are 8 AM - 4 PM. Permit applications are accepted between the hours of 8 AM – 3:30 PM, Monday through Friday, except Holidays. Please allow 5-10 working days for processing. If you should have any questions concerning this application, please contact this office at 301-600-2313.

**NOTE: This is an application for a permit only, NOT an approved permit**



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**Permit #** \_\_\_\_\_

**VOLUNTEER FIRE, RESCUE, AMBULANCE, AUXILIARY PERMIT APPLICATION PROCEDURES**

Name of Organization \_\_\_\_\_

Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

Organization Phone No. \_\_\_\_\_ Email Address \_\_\_\_\_

IRS Tax Exempt # \_\_\_\_\_ State Exempt Number \_\_\_\_\_

**(Attach a copy of IRS Determination Letter to application)**

\*\*\*\*\*  
A Volunteer Fire, Rescue, Ambulance or Auxiliary group shall pay the fee listed below for an annual gaming permit entitling it to operate, **for its own benefit**:

- Bingo Games
- Tip Jars/Punchboards in conjunction with Bingo Games
- Raffles unlimited raffles per calendar year; **four** with value of \$5000.00 or more.
- Gaming Events specified in Section 1-2-108
- Any or all of the above for a one (1) week period once annually in conjunction with a volunteer fireman's carnival.

\*\*\*\*\*  
Permit Fee of **\$115.00** is required (Annually). Make check payable to **Frederick County**.

A copy of the organization's IRS tax Exempt Determination Letter **must** be attached to this application.

Is this on the Organization's Premises Yes \_\_\_\_\_ No \_\_\_\_\_

If not, list what the location of gaming event(s) \_\_\_\_\_

Is this on another Organization's premise? List organization \_\_\_\_\_

\*\*\*\*\*

Please indicate the type(s) of gaming events that you provide:

**Bingo Games** \_\_\_\_\_      **Tip Jar/Punchboard** \_\_\_\_\_      **Raffles** \_\_\_\_\_

(Check all that apply) **Gaming:** Wheel of fortune \_\_\_\_\_ Chance Books \_\_\_\_\_ Paddle Wheels \_\_\_\_\_  
Other \_\_\_\_\_ (please describe what type) \_\_\_\_\_

All gaming supplies must be purchased from a Frederick County Licensed Distributor according to Section 1-2-107(h).

**Name of Distributor you intend to purchase you supplies** \_\_\_\_\_

Please initial that you understand this provision: **Organization Rep Initials** \_\_\_\_\_ **Date** \_\_\_\_\_

\*\*\*\*\*

For office use only:

Received \_\_\_\_\_ Fee paid \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_

**ORGANIZATION'S CONTACT PERSON(s): A copy of Driver's License must be attached to application**

Organization may have more than one person (make copy of this sheet for each person to fill out)

**A background check will be done by the Frederick County Sheriff's Office for each contact.**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Are you a member of this Organization? \_\_\_\_\_

<b>Involved persons who do not have a driver's license:</b> Any person, who is directly responsible for this tip jar/punchboard permit, who does not have a driver's license, must supply the following information so that the Sheriff's Department can perform the required verification of Misdemeanor or Felony Convictions.			
Complete name _____			
_____ (first)	_____ (middle)	_____ (last)	
Ethnic _____	Male or Female _____		
Date of Birth _____			
_____ (month)	_____ (day)	_____ (year)	

**Contact Person's Responsibility:**

**By signing below, you agree to:**

1. Maintain and submit to the proper County authority **monthly reports** on the gross proceeds, payouts for winnings, expenses for tip jar/punchboard (due 45 day from the end of month even if there was no activity).
2. Maintain a **yearly report** for raffle events (due February 15<sup>th</sup> of the following year).
3. Display the permit conspicuously on premises in which the gaming event is held.
4. Purchase gaming supplies and refills only from distributors licensed by Frederick County.
5. Provide access to records to Enforcement Officials who have the right to inspect and copy the records.
6. Be responsible for ensuring that all players meet the minimum age requirements for tip jar/punchboard purchase. A tip jar and/or punchboard may not be played by anyone under eighteen (18) years of age.
7. To conduct your organization's gaming events according to all Frederick County Gaming Ordinances.

Signed,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Evidence of County Residence-Section 1-2-105(b) & (c)(2) requires that the organization must establish that all operators are Frederick County Residents. The following may provide adequate demonstrations of residence.

Please submit a copy of your verification list below:

<b><u>Organization</u></b>		<b><u>Operator</u></b>
_____	Articles of Incorporation	_____
_____	Automobile title	_____
_____	Maryland Drivers License	_____
_____	Tax Records	_____
_____	Voter Registration Card	_____

A mere mailing address within the County is insufficient to establish evidence of residence.

**Concerning Raffle Events**

**RAFFLE -VALUE OF PRIZES AND DATES:**

Section 1-2-106 (3) (a) & (b) allows for unlimited raffles per calendar year; four with value of \$5000.00 or more.

Section 1-2-106(a)(1)-No individual may personally benefit from a raffle except for prizes awarded to participants.

A report, indicating all raffles held during a calendar year and the total value of the prizes, is due by **February 15<sup>th</sup>** of the year following the expiration date of this permit.

**You must sign that you are aware of these requirements and will comply with the Ordinance requirements.**

Signature\_\_\_\_\_

**Concerning Tip Jar/Punchboard Events**

Please list all other tip jar/punchboard permits already approved for this Organization

Only three (3) off-premise Tip Jar permits allowed for per Organization

Permit #\_\_\_\_\_ Bar or Tavern Name\_\_\_\_\_

Permit #\_\_\_\_\_ Bar or Tavern Name\_\_\_\_\_

Permit #\_\_\_\_\_ Bar or Tavern Name\_\_\_\_\_

An issuance fee provided in Section 1-2-107 (d) shall be due on all tip jar bags and punchboards used by an Organization which will be collected by the licensed distributor at time supplies are purchased.

A monthly report must be submitted within 45 days after the end of the calendar month, the number of bags used, the gross proceeds, payouts, expenses in the format required by the Director of Plans, Permits and Inspections. This form are available in that office.

Section 1-2-106(a)(1)-No individual may personally benefit from a tip jar/punchboard except for prizes awarded to participants.

Your permit must be displayed conspicuously with the tip jar/punchboard.

A tip jar and/or punchboard may not be played by anyone under eighteen (18) years of age

Provide access to records to Enforcement Officials who have the right to inspect and copy the records.

**You must sign that you are aware of these requirements and will comply with the Ordinance requirements.**

Signature\_\_\_\_\_

**Concerning Bingo Games**

No bingo prize, to be distributed during any event for the duration of this permit can have a fair market value in excess of \$5000.00.

Only legal residents of Frederick County may operate a bingo game in Frederick County. Persons operating the game must be volunteers and may not be compensated for their efforts.

**You must sign that you are aware of these requirements and will comply with the Ordinance requirements.**

Signature\_\_\_\_\_

\*\*\*\*\*

**Concerning Gaming Games**

An organization may hold a gaming event, other than a bingo game, raffle, tip jar, or punchboard, as allowed by the gaming ordinance, for its own benefit in compliance with this ordinance and all other applicable law (County & State), provided that,

- (1) only one major prize may be awarded at each gaming event
- (2) during each calendar year, an organization may hold or receive the proceeds from only one event where the major prize has the fair market value of \$5000.00 or more.

**You must sign that you are aware of these requirements and will comply with the Ordinance requirements.**

Signature\_\_\_\_\_

**Intended Beneficiary for Gaming Proceeds**\_\_\_\_\_

**PRIMARY LOCATION OF EVENT**\_\_\_\_\_



An affidavit and oath must be completed for each individual who is **directly responsible** in operating the gaming permit. All affidavits and oaths must be attached to the permit application and/or the gaming renewal form and must correspond to the names listed in the application itself.

You may make copies of this page for additional directly responsible persons.

***Prior Recorded Affidavit***

**Attach a copy of this person’s driver’s license to application.  
To be signed by the responsible person for the Organization:**

**OATH**

I solemnly affirm under the penalties of perjury that the contents of this application are true and correct. I solemnly affirm under the penalties of perjury, that I have never been convicted of a felony, nor have I been convicted within the past five (5) years of a misdemeanor related in any way to gaming or gambling. I fully understand that this information may be verified by a representative of the Frederick County Sheriff’s Office. I also understand that I will be taking responsibility for complying with the provisions of the Gaming Ordinance. This may include, but is not limited to, monthly tip jar/punchboard reports, and/or annual reports.

\_\_\_\_\_  
Organization Representative Signature

\_\_\_\_\_  
Printed Name of Organization Representative

\_\_\_\_\_  
Date

Notary Seal

By: \_\_\_\_\_

Notary Public

Printed Name \_\_\_\_\_ My commission Expires \_\_\_\_\_

**Attach a copy of this person driver’s license to application  
To be signed by responsible person for Operator:**

**OATH**

I solemnly affirm under the penalties of perjury that the contents of this application are true and correct. I solemnly affirm under the penalties of perjury, that I have never been convicted of a felony, nor have I been convicted within the past five (5) years of a misdemeanor related in any way to gaming or gambling. I fully understand that this information may be verified by a representative of the Frederick County Sheriff’s Office. I also understand that I will be taking responsibility for complying with the provisions of the Gaming Ordinance. This may include, but is not limited to, monthly tip jar/punchboard reports, and/or annual reports.

\_\_\_\_\_  
Operator’s Representative Signature

\_\_\_\_\_  
Printed Name of Operator’s Representative

\_\_\_\_\_  
Date

Notary Seal

By: \_\_\_\_\_

Notary Public

My commission Expires \_\_\_\_\_