**BL-6 Beach Bingo License Application**

 (Form must be filled out completely to be valid.)

 License Fee: $300.00

**Type of Applicant:** [ ]  Corporation [ ]  Association [ ]  Individual [ ]  Other

**Renewal:** Yes [ ]  No [ ]  **Beach Bingo License #:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Name:**  First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI\_\_\_\_\_\_\_\_\_\_\_ Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Address:** Number & Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_

**Business Name (if applicable): \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Business Address (if applicable):** Number & Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_

**Mailing Address:** applicant address [ ]  business address [ ]  other [ ]  (indicate below)

Number & Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** City:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** State:**\_\_\_\_\_** Zip:**\_\_\_\_\_\_**

**Applicant Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant Telephone Number:** ( \_\_\_\_ )\_\_\_\_\_-\_\_\_\_\_ **Daytime Telephone Number:** ( \_\_\_\_ ) \_\_\_\_\_\_-\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **Social Security Number:** \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

MM / DD / YY

**NC Driver’s License Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( \*A copy must be submitted with this application.\*)

**List below name and home address of each of the officers of the business as well as the name and address of the directors, or other persons similarly situated, of the business:**

Name Address Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**State below the location at which the business will conduct bingo games:**

 NC

(Number & Street) (City) (County) (State) (Zip Code)

**Does the business own the premises where bingo games are to be conducted?** [ ]  Yes [ ]  No

If not owned by the business, a copy of the lease or rental agreement between the business and the property owner or bona fide property management agent must be submitted.

|  |
| --- |
| **Day(s) of week and time of day bingo games will be played:** |
|  | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Morning |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Afternoon |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Evening |[ ] [ ] [ ] [ ] [ ] [ ] [ ]

|  |
| --- |
| **CERTIFICATE**I certify that all of the information provided in this application is true and accurate to the best of my knowledge and belief, and that I have read and understand the bingo statutes for the state of North Carolina. |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print name of individual applying for bingo license)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature and title of officer making application for business) Date

State of North Carolina

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, a Notary Public in the county of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, North Carolina, do hereby

certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ personally appeared before me this day and acknowledged the due

Name of Principal(s)

execution of the foregoing document. Witness my hand and official seal, this the \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

(Official Seal)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Notary Public

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Printed or Typed Name of Notary Public

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Renewal/New fee is enclosed: $300.00 (checks payable to ALE - Bingo)**

**Before the application is mailed:**

* **Is a copy of your driver’s license included?** [ ]
* **Is a copy of your lease or rental agreement included?** [ ]
* **Is the application signed and notarized?** [ ]
* **Is the $300.00 check included?** [ ]

Return Letter To:

**ALE – Beach Bingo**

**4233 Mail Service Center**

**Raleigh, NC 27699**

**Mail Application to:**

Attn: Beach Bingo

ALE Bingo

3320 Garner Road

Raleigh, NC 27610