



APPLICATION FOR CASINO NIGHT LICENSE

Harford County Sheriff's Office
Central Records Unit
P.O. Box 150
Bel Air, Maryland 21014
Phone: 410-836-5445

Application Date: _____

Fee: \$125.00

APPLICATIONS MUST BE SUBMITTED A MINIMUM OF 14 DAYS PRIOR TO THE DESIRED DATE FOR THE CASINO NIGHT. APPLICATIONS MUST BE FULLY COMPLETED TO BE ACCEPTED.

- Casino Night Definition – “Casino Night” means an event that includes card games, dice games, or roulette. (See Annotated Code of Maryland – Criminal Law: Title 13, subtitle 15)
- Eligibility – An organization is eligible if they are a non-profit under section 501(C)(3) or (19) of the Internal Revenue Code. The organization must have been located in Harford County for at least 3 years prior to applying.
- An organization may be asked to submit proof of their eligibility for a Casino Night License.
- Examples of documents that may contain proof of eligibility for a Casino Night License: Internal Revenue Service 501(C)(3) or (19) award of non-profit status, applicant organization’s bylaws, constitution, etc.
- Only members of the sponsoring organization shall manage the Casino Night event.
- An organization that obtains a Casino Night License shall ensure that an individual or group of individuals does not benefit financially or receive any of the proceeds from the event for personal use or benefit.

A Casino Night License is NOT TRANSFERABLE.

Organization Name: _____ Phone: _____

Organization Address: _____ Zip: _____

Mailing Address: _____ Zip: _____
(If different than the physical address of the organization)

NonProfit ID Number (Required): _____

The proceeds from this event will be used for: _____

Initial the following: This organization:

_____ is a non-profit under section 501(C)(3) or (19) of the Internal Revenue Code.

_____ has been located in Harford County for at least 3 years before the date of this application.

Casino Night Event Information: Permit will only be valid from 4pm to 1am the next morning.

Event Begin Date: _____ Time: 4pm Event End Date: _____ Time: 1am

Event Location Name: _____ Phone: _____

Event Location Address: _____ Zip: _____

CERTIFICATION OF THE MEMBER OF THE ORGANIZATION WHO IS RESPONSIBLE FOR THE CASINO NIGHT DESCRIBED IN THIS APPLICATION AND IS RESPONSIBLE FOR FILING THE APPROPRIATE REPORT.

I hereby certify, under penalty of law, that I am responsible for the Casino Night described in this application, that I have reviewed the requirements contained in this application, that the information contained therein is true and correct and that the organization obtaining this Casino Night License will use the proceeds, after costs incurred are deducted, to benefit a charity or to further the purpose of the organization.

Furthermore it is understood that the Casino Night shall be managed and operated personally by members of the organization. Organization members shall not receive or be paid any of the proceeds for personal use or benefit. No person shall receive a salary, commission, or compensation of any kind for managing the Casino Night Event or operating a game played during the casino event. It is understood that to volunteer as an operator of a Casino Night, an individual shall be at least 18 years old. It is understood that to participate in a Casino Night game, an individual shall be at least 21 years old.

Responsible Member's Printed Name: _____

Title within Organization: _____

Member's Daytime Phone #: _____ **Evening Phone #:** _____

Member's Address: _____ **Zip:** _____

Member's Email: _____

Member's Signature: _____

How do you want to receive your license? Choose one.

Pick up in person / Mail / E-Mail / Fax to #: _____

Non-Refundable fee must be paid when submitting application. No application will be accepted without the fee. Check or money order should be made payable to "Harford County".

FOR OFFICE USE ONLY

Date Received: _____ / **Fee Paid? Y or N / Check or Money Order #:** _____

License Issued? Y or N / Date Issued: _____ / **License #:** _____

