



## HARFORD COUNTY SHERIFF'S OFFICE

Central Records Unit

P.O. Box 150

Bel Air, Maryland 21014

Phone: 410-836-5445 / Fax: 410-893-9266

E-Mail: [HCSOGamblingLicense@harfordsheriff.org](mailto:HCSOGamblingLicense@harfordsheriff.org)

### CASINO NIGHT REPORT

**Note:** Your organization is responsible for keeping track of all receipts and expenditures for the Casino Night event. Within 30 days of this event, you must return this Casino Night Report to the Harford County Sheriff's Office Central Records Unit showing a full accounting of the proceeds and expenses for the event. In addition, you must also list the name, address and Social Security Numbers for each participant that is declared a winner requiring the issuance of Internal Revenue Service Form W-2G or substantially equivalent form. Failing to properly file this report may result in the loss of your licensing privileges for five (5) years. Please submit by mail, email, fax, or in person.

License #: \_\_\_\_\_ Event Date/Time: \_\_\_\_\_ Number of People Attending: \_\_\_\_\_

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

Event Location: \_\_\_\_\_

**Itemize all monies received and expenditures made for the purpose of conducting the above casino event**

RECEIPTS: Monies received (DO NOT subtract the value of prizes)	
Regular Casino Games (cards, dice, roulette)	\$
Bingo & Instant Bingo	\$
Raffle & 50/50	\$
Paddle Wheel	\$
Other (be specific):	\$
<b>TOTAL RECEIPTS</b>	<b>\$</b>
EXPENSES: Monies paid out (include value of prizes awarded)	
Regular Casino Game Merchandise Prizes	\$
Merchandise Prizes for all other games	\$
Rent of location where event was held	\$
Rent/Purchase of Equipment & Supplies	\$
Other (be specific):	\$
<b>TOTAL EXPENSES</b>	<b>\$</b>
RECEIPTS-EXPENSES=PROFIT/(LOSS)	
<b>Total Receipts</b>	<b>\$</b>
<b>Total Expenses</b>	<b>\$</b>
<b>PROFIT OR (LOSS)</b>	<b>\$</b>

I \_\_\_\_\_, a legally authorized member, in good standing, of the sponsoring organization described above, solemnly affirm under the penalties of perjury and upon personal knowledge:

- that I personally saw the games at the above Casino Event were run properly in accordance with Annotated Code of MD – Criminal Law, Title 13 subtitle 1501 through 1513;
- that a legally authorized member of the sponsoring organization was personally in control of all monies received in relation to the above Casino Event by collecting the monies from participants, depositing all monies into the organization's bank account(s), and that no person has diverted or paid any proceeds of the Casino Event to any other person, except for charitable purposes or to further the purposes of the sponsoring organization;
- that the information contained therein is true and correct, reflecting the true receipts and expenditures of the Casino Event described above; and
- **the attached list provides the name, address and Social Security Numbers of participants declared a winner requiring the issuance of Internal Revenue Service Form W-2G or substantially equivalent.**

Authorized Member's Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Member's Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
Date Received: _____	Received By: _____

