

**City of South Portland
Office of the City Clerk
P.O. Box 9422
South Portland, ME 04116-9422
207-767-7628**

Beano/Games of Chance Application

17 M.R.S.A., Chapters 13-A and 14

Application for **(Check One)**: Beano/ Bingo Games of Chance
 Single Day Event Raffle with prize value over \$10,000
(No raffle license required if prize value is less than \$10,000)
Valid _____ to _____

Name of Organization: _____

Business Address (City, State, Zip): _____

Send License to: Name _____ E-Mail Address _____

Address (City, State, Zip): _____ Telephone: _____

Weekday(s) Desired to Operate (Specify exact days): _____

Names and Addresses of Present Officers:

Name and Address	Title
_____	_____
_____	_____
_____	_____
_____	_____

Owner and Address of Premises where games will be held: _____

(Written permission from premises owner is required for NEW Applicants ONLY)

Seating Capacity of Premises: _____

Does the organization or association own all equipment to be used in operating this amusement for which a license is requested? _____ If no, state circumstances: _____

This organization is a "volunteer fire department or any agricultural fair association or bona fide nonprofit charitable, educational, political, civic, recreational, fraternal, patriotic, religious or veterans' organization that has been in existence at least 2 years (17 M.R.S.A)" Yes _____ No _____

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Federal Tax Exemption Number: _____

State the purpose for which the net proceeds derived under this license are to be used: _____

Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above license and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of license.

Applicant Signature

Yearly Fee: \$100.00
Single Event: \$25.00

Print Name and Title

License Fee: _____
Processing Fee: \$20.00
Total: _____

Date

For Municipal Use Only

Date of Application: _____ Date Paid: _____ Receipt #: _____

New _____ Renewal _____ Map and Lot #: _____ RE Taxes Paid: _____

Personal Property Tax #: _____ Paid: _____

Date Blanket Letter of Approval Sent to Organization: _____

Fire Chief

Police Chief

Approved _____

Approved _____

Disapproved _____

Disapproved _____

Comment _____

Comment _____