



**CALVERT COUNTY
BOARD OF COUNTY COMMISSIONERS**

175 Main Street
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Board of Commissioners
Christopher J. Gadway
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Charitable GAMBLING Permit Application

Please type or print clearly

You must be an approved qualified organization in order to apply for a charitable Gambling event

Name of Organization: _____ Organization Number: _____
 Mailing Address: _____
 State and Date of Incorporation or Founding: _____
 Name of President: _____
 Pres. Mailing Address: _____
 Business Number: _____ Home Number: _____ Cell Number: _____
 Pres. Email Address: _____

Has any information changed since your last application? YES NO

§VII.A. Not more than six (6) gambling events may be held by any organization per calendar quarter and not more than two per week, an organization may request approval for up to six (6) dates in a quarter:

- The total duration of an event for which a gambling permit may be issued shall not exceed twenty four (24) hours, provided, however, the actual number of hours of gambling during a twenty four (24) hour period shall not exceed a total of eight (8) hours

Please indicate below which event date(s) and time (start and finish) you are requesting:

1. Date: _____	Time: _____	4. Date: _____	Time: _____
2. Date: _____	Time: _____	5. Date: _____	Time: _____
3. Date: _____	Time: _____	6. Date: _____	Time: _____

Address of Event: _____

Type of Permit requesting: Carnival Bazaar Las Vegas Other

Type of device(s) proposed: _____

Renting Space: NO YES If yes, from whom: _____ Rent fee: _____ Per: _____
 Renting Equipment: NO YES If yes, from whom: _____ Rent fee: _____ Per: _____

As an officer of the above mentioned organization, and under the penalty of perjury, I affix my signature below attesting to the accuracy of the above mentioned information, agreeing to pay a permit fee of \$10.00 (ten) dollars and within 15 days of the event, provide a full and complete accounting, listing all revenues and expenditures. I further agree to an inspection of the permitted premises by the Gambling Permit Review Committee, or any designee thereof, at any time during the permit period. I do hereby authorize a review and full disclosure of all records, or any part thereof, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature. The intention of this investigation is to provide information which will be utilized for investigative resources material.

Signature of Officer of Organization Date

Printed Name and Title of Officer of Organization

Please return form to: Ashley Staples-Reid, Courthouse, 175 Main Street, Prince Frederick, Maryland 20678
Questions: 410-535-1600 ext 2201 or Fax: 410-535-5594 or [email](#)