

Mail Completed Application To:
VDACS, Office of Charitable Gaming
PO Box 526
Richmond, Virginia 23218



FORM 402
BINGO MANAGER CERTIFICATE OF
REGISTRATION APPLICATION
VDACS FINANCE CODE: 988-02199

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF CHARITABLE GAMING
PO Box 526, Richmond, VA 23218
www.vdacs.virginia.gov

CHARITABLE GAMING BINGO MANAGER CERTIFICATE OF REGISTRATION APPLICATION

- A. Use this application when applying for a new, or renewing a current Bingo Manager Certificate of Registration.
- B. Complete the entire application. Do not leave any blanks.
- C. Place "N/A" if item is not applicable. **Please type or print all answers.**
- D. Sign and date the application.
- E. Enclose a **non-refundable** \$75.00 application fee payable to: **Treasurer of Virginia.**
- F. Retain a copy of the completed application for your records.
- G. For questions, comments, and/or concerns please contact the licensing unit at (804) 371-0495.

APPLICANT INFORMATION

Applicant Type: New _____ Renewal _____ Certificate No.: BMR - _____

Bingo Manager's Full Name: _____
 First Middle Last / Suffix

Social Security Number: _____ Date of Birth: _____

Personal Identification: Male _____ Female _____ Race: _____

Current Residence: _____
 Physical Street Address

 City _____ State _____ Zip Code _____

Mailing Address:
(If same as above, _____
 Mailing Address
check here _____) City _____ State _____ Zip Code _____

Contact Information: Daytime Telephone No.: _____ ()

 Secondary Telephone No.: _____ ()

 Email Address*: _____

* If you provide the Department with an email address, that will be the method the Department will use to contact you. That is also how you will receive your Certificate of Registration. Please make sure to check your email on a regular basis, including your junk folder and spam folder. If possible, please add to your list of acceptable email addresses all email addresses that end in @vdacs.virginia.gov. If you are not comfortable using email as a reliable method of communication, please do not include an email address in this application.

ORGANIZATION INFORMATION

List the Office of Charitable Gaming Number (if known), organization name, and bona fide membership date for ALL organizations from which you anticipate receiving payment for your services as a bingo manager.

a. OCG No. _____ Organization Name: _____

 Membership Date (Month/Date/Year): _____

 Have you been a bona fide member in good standing for the past 12 consecutive months? Yes _____ No _____

b. OCG No. _____ Organization Name: _____

 Membership Date (Month/Date/Year): _____

 Have you been a bona fide member in good standing for the past 12 consecutive months? Yes _____ No _____

STATUTORY COMPLIANCE

Have you been convicted of or pleaded nolo contendere to a felony in any state or federal court or have you been convicted of any offense which, if committed in the Commonwealth, would be a felony?

Yes _____ No _____

Have you been convicted of or pleaded nolo contendere to a crime involving gambling?

Yes _____ No _____

Have you had any license, permit, certificate, or other authority related to activities defined as charitable gaming in the Commonwealth suspended or revoked in the Commonwealth or in any other jurisdiction?

Yes _____ No _____

Have you failed to file or been delinquent in excess of one year in the filing of any tax returns or the payment of any taxes due the Commonwealth?

Yes _____ No _____

SIGNATURE

I hereby certify that all information provided in this application is true to the best of my knowledge, information, and belief. I have not knowingly made a false statement on this application, and I have read and understand the terms and conditions as set out under the Charitable Gaming Statute and the Charitable Gaming Rules and Regulations. I understand that false or misleading answers are cause for the denial of this Bingo Manager Certificate of Registration Application. I, the undersigned, do hereby authorize and give my consent to the Department to conduct an investigation to ensure that my application meets the requirements of Section 18.2-340.34:1. of the Charitable Gaming Statute. I understand additional information may be requested of me in regard to this investigation.

I understand and agree to notify the Office of Charitable Gaming - Licensing Unit if any information changes after the submission of this application.

I also agree that I will abide by the Charitable Gaming Statute, the Charitable Gaming Rules and Regulations, and any and all laws and regulations of the Commonwealth of Virginia.

Print Full Legal Name: _____
First Middle Last/Suffix

Signature: _____ Date: _____