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**.

	the completed applicomments, and/or con-	-		sing unit at (80	04) 371-0495.		
		APPLICANT	INFOR	MATION			
Applicant Type:	New	Renewal		Certificate No.: BMR -			
Bingo Manager's Ful	II Name:						
		First	ľ	Middle	Last / Suff	ix	
Social Security Num	er: Date of Birth:						
Personal Identification	on: Male	Female			Race:		
Current Residence:							
			Physic	Physical Street Address			
	City			State	Zip Code		
Mailing Address:							
(If same as above,				iling Address			
check here)	City			State	Zip Code		
Contact Information:	Daytime Tele	ephone No.:	()			
	Secondary T	elephone No.:	()			
	Email Addres	SS*:					
Certificate of Registration your list of acceptable em	. Please make sure to che	ck your email on a regular dresses that end in @vdad	r basis, incl	ıding your junk fol	ontact you. That is also how y der and spam folder. If possil comfortable using email as a	ole, please add to	
		ORGANIZATIO	N INFO	RMATION			
	aritable Gaming Numl hich you anticipate re				fide membership date to manager.	for ALL	
a. OCG No	Organiza	ation Name:					
Membership Dat	e (Month/Date/Year):						
Have you been a	a bona fide member ir	n good standing for the	he past 1	2 consecutive	months? Yes	No	
b. OCG No	Organiza	ation Name:					
Membership Dat	e (Month/Date/Year):						
Have you been a	a bona fide member ir	n good standing for th	he past 1	2 consecutive	months? Yes	No	

STATUTO	RY COMPLIANCE		
Have you been convicted of or pleaded nolo contendere to have you been convicted of any offense which, if committee felony?	r 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 author charitable gaming in the Commonwealth suspended or revolution?	Yes		
Have you failed to file or been delinquent in excess of one y the payment of any taxes due the Commonwealth?	year in the filing of any tax returns or	Yes	No
SIG	GNATURE		
I hereby certify that all information provided in this application not knowingly made a false statement on this application, a under the Charitable Gaming Statute and the Charitable Gamswers are cause for the denial of this Bingo Manager Celauthorize and give my consent to the Department to conduct requirements of Section 18.2-340.34:1. of the Charitable Gamequested of me in regard to this investigation. I understand and agree to notify the Office of Charitable Gambmission of this application. I also agree that I will abide by the Charitable Gaming Statulaws and regulations of the Commonwealth of Virginia.	nd I have read and understand the tendaming Rules and Regulations. I understrificate of Registration Application. I, the ct an investigation to ensure that my application Statute. I understand additional aming - Licensing Unit if any information	ms and conditistand that false he undersigned oplication mee hinformation men changes after the condition of the changes after the condition of the changes after the changes	ions as set out e or misleading d, do hereby ts the nay be
Print Full Legal Name:First	Middle	Last/Suffi	x
Signature:		Date:	