

## GROWTH MANAGEMENT DEPARTMENT 201 SE $3^{rd}$ STREET (Second Floor), OCALA, FL 34471

Email: <a href="mailto:building@ocalafl.org">building@ocalafl.org</a>; (352) 629-8421

## BINGO APPLICATION \*\*NO FEE\*\*

		<b>DATE:</b>		
NAME OF APPLICANT/ORGA	NIZATION			
STREET ADDRESS	CITY	STATE	ZIP	
Ι	SWEAR OR AFFIRM U	NDER PENALTIES OF	PERJURY THAT ALL (	ЭF
THE INFORMATION PROVI	DED IN THIS APPLICATION	IS TRUE AND COR	RRECT AND THAT TH	łΕ
APPLICANT HEREIN AGREES	TO ABIDE BY ALL PROVISION	NS OF CHAPTER 849.0	931, FLORIDA STATUTI	ΞS
CONCERNING THE REQUIRE	MENTS AND CONDUCT OF BIN	NGO.		
	JRE TO ABIDE BY SAID REQU		ULT IN REVOCATION O	)R
SUSPENSION OF THE LICENS	SE, OR THE IMPOSITION OF CR	IMINAL PENALTIES.		
(SIGNATURE OF APPLICA	ANT)			
NOTARIZATION FOR APPLICA	NT'S SIGNATURE			
STATE OF	COUNTY C	OF		
The foregoing instrument was ackno	wledged before me this day	y of, 20_	by	
, wh	o is personally known to me or who ha	as produced	as	
identification and who did /did not ta	ke an oath.			
	NOTARY P	······································		
	COMMISSI	ION No		
	Commission	n Expires:		