

**CITY OF BRECKENRIDGE**  
Bingo License Application

License # \_\_\_\_\_

Fee: \$40.00

I, \_\_\_\_\_ and I, \_\_\_\_\_  
Name of Authorized Officer Name of Designated Bingo Manager

Hereby submit this application for a license to conduct the game of bingo in accordance with the provisions of the City of Breckenridge Ordinance #322, Chapter 60, Article I and Minnesota Statutes Chapter 349 for the license year ending \_\_\_\_\_.

Signatures:

\_\_\_\_\_  
Authorized Officer

\_\_\_\_\_  
Designated Bingo Manager

A. The following is to be completed by the duly authorized officer of the organization:

1. Name: \_\_\_\_\_
2. Residence Address: \_\_\_\_\_
3. Have you ever been convicted of any crime other than a traffic offense?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain \_\_\_\_\_

B. The following is to be completed by the designated bingo manager of organization:

1. Name: \_\_\_\_\_
2. Residence Address: \_\_\_\_\_
3. Have you ever been convicted of any crime other than a traffic offense?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain \_\_\_\_\_
4. How long have you been a member of the organization? \_\_\_\_\_

C. Game Information:

1. Place where bingo games will be played: \_\_\_\_\_
2. Dates or days bingo will be played: \_\_\_\_\_
3. Hours of the day bingo will be played: From: \_\_\_\_\_ am/pm To: \_\_\_\_\_ am/pm
4. Will prizes be paid in money or merchandise? \_\_\_\_\_
5. Maximum amount/value of prize in one single game: \_\_\_\_\_
6. Maximum amount/value of prizes in one occasion: \_\_\_\_\_

D. Organization Information:

1. Name of organization: \_\_\_\_\_
2. Address where regular meetings are held: \_\_\_\_\_
3. Day and time of meetings: \_\_\_\_\_
4. Is the applicant organization organized under the laws of the State of Minnesota?  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. How long has the organization been in existence? \_\_\_\_\_  
a. How many members are in the organization? \_\_\_\_\_
6. What is the purpose of the organization? \_\_\_\_\_  
\_\_\_\_\_
7. In whose custody will organization records be kept?  
Name \_\_\_\_\_ Address \_\_\_\_\_
8. If the organization carries a fidelity bond in favor of the bingo manager, please  
state the name of Insurer \_\_\_\_\_  
and Policy No. \_\_\_\_\_.

I declare that the information I have provided on this application is truthful, and I authorize the City of Breckenridge to investigate the information submitted. Also, I have received from the City of Breckenridge a copy of the City Ordinance #322 relating to bingo, and I will familiarize myself with the contents thereof.

\_\_\_\_\_  
Signature of Authorized Officer of Organization

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Designated Bingo Manager of Organization

\_\_\_\_\_  
Date