

CITY OF NEWPORT
APPLICATION FOR BINGO OR BEANO GAME LICENSE

DATE: _____

Circle One: Organization is: Charitable / Religious / Fraternal / Civic / Educational / Veterans

 NAME OF ORGANIZATION TELEPHONE NUMBER

 STREET ADDRESS of ORGANIZATION CITY STATE ZIP

 LOCATION WHERE GAMES WILL BE HELD

 DATES AND TIMES WHEN GAMES WILL BE HELD

List Officers Organization below: **If the officer conducts games, include their Date of Birth and Place of Birth.**

Title	Name	Address	Birth Date	Place of Birth
President				
Vice-Pres				
Secretary				
Treasurer				

List All Other Persons that Conduct Games below (do not repeat any officers that are listed above):

Title	Name	Address	Birth Date	Place of Birth

CERTIFICATION

I hereby certify that the above information furnished is true and further that I have knowledge of the provisions of General Law 11-19-30 and 11-19-30.2 governing Bingo or Beano games and the organization will comply with the provisions of the law and any other conditions imposed by the City Council.

 SIGNATURE OF APPLICANT DATE SIGNED

 PRINT NAME OF APPLICANT TITLE OF APPLICANT

ACTION OF COUNCIL: _____ ACTION DATE: _____

Filing Fee: _____ Date Paid: _____ License Fee: _____ Date Paid: _____

License Issued by: _____ Date Issued: _____