Print Form

CITY OF CHEYENNE

BUSINESS LICENSE APPLICATION

BINGO/PULL TABS

ANNUAL/NONREFUNDABLE LICENSE FEE: $265.00 LICENSE # _____

This application is for a license to conduct bingo/pull tab activities within the City of Cheyenne as allowed by Wyoming Statutes and City Code Title 5, Chapter 5.32 (Ordinance #3087 and #3120). Proceeds from activities must be used only for charitable and non-profit purposes. An itemized accounting of same must be submitted with each annual renewal of license.

ATTACH THE FOLLOWING:

- ☐ Lease agreement for premises IF the property is not owned by the applicant.
- ☐ Floor plan of premises (should reflect any proposed remodeling anticipated within the next twelve (12) months.)
- ☐ If filing as a nonprofit organization, proof of nonprofit status.
- ☐ If filing as a corporation, a copy of the Wyoming Secretary of State's authorization to do business in the State of Wyoming.
- ☐ Written proof of financial responsibility (i.e.: cash bond, financial statements, etc.) showing coverage (daily basis) as follows:
  Amount of largest possible daily award of prizes anticipated by applicant within the next twelve (12) months: $_____

APPLICANT'S NAME: _____

D/B/A (BUSINESS NAME, IF APPLICABLE): _____

TYPE OF ORGANIZATION: (Check all that apply) Charitable ☐ Nonprofit ☐ Corporation ☐ Other ☐

ADDRESS/CITY/STATE/ZIP: _____

PREMISES: Owned by Applicant ☐ Leased by Applicant ☐

MAILING ADDRESS (if different from above): _____

PHONE NO: _____ FAX NO: _____

DATE OF ORGANIZATION FORMATION: _____ PURPOSE OF ORGANIZATION: _____

BRIEF STATEMENT OF ACTIVITY OF LOCAL ORGANIZATION FOR PAST TWO YEARS:

_____

CURRENT OFFICERS OF ORGANIZATION AND IF A CORPORATION ALL SHAREHOLDERS HOLDING MORE THAN 2% OF THE OUTSTANDING AND ISSUED STOCK:

NAME	RESIDENCE ADDRESS	OFFICE	DATE OF BIRTH

IS APPLICANT AFFILIATED WITH A NATIONAL ORGANIZATION? _____

If so, address of National Organization: _____

What portion, if any, of proceeds from gaming activities will be given to National Organization? _____

ARE THERE ANY OTHER BUSINESSES OWNED OR OPERATED AT THE SAME LOCATION? (If so, please indicate type and location) _____

ARE ALCOHOLIC BEVERAGES SERVED ON THE PREMISES? _____

HAVE ANY OFFICERS, DIRECTORS, SHAREHOLDERS OR PROPOSED MANAGERIAL EMPLOYEES BEEN CONVICTED OF A CRIME OTHER THAN MINOR TRAFFIC OFFENSES, OR ARE ALLEGED CHARGES OF THIS NATURE PENDING, WITHIN THE PAST TWELVE (12) MONTHS? If yes, provide explanation. _____

_____

_____

IS APPLICANT OR ANY MEMBERS OF THE ORGANIZATION ASSOCIATED DIRECTLY OR INDIRECTLY WITH ANY MANUFACTURER, DISTRIBUTOR, COMMERCIAL LESSOR, PRIVATE CONTRACTOR, ETC. OF SUPPLIES OR EQUIPMENT AFFILIATED WITH GAMING OPERATIONS? _____

_____

HOW WILL ACTIVITIES BE CONDUCTED? (Check one) By volunteer personnel ☐ or by personnel as paid employees of the organization directly controlled and supervised by the organization for the sole benefit of the organization? ☐

AFFIDAVIT/AUTHORIZATION

The undersigned applicant hereby authorizes the City of Cheyenne and its agents and employees to seek information and conduct investigations into the truth of the foregoing statements as set forth in this application, and agrees to comply fully with the rules and regulations of the City of Cheyenne, Wyoming, governing the license requested, and further declares that the foregoing information contained in this application is true and correct.

(Two signatures of officers are required
if the applicant is a corporation)

_____
Signature

_____
Organization Office/Title

_____
Signature

_____
Organization Office/Title

STATE OF WYOMING)
) ss.
County of Laramie)

Subscribed and sworn to before me this _____ day of _____, _____.

_____
Notary Public
My Commission Expires: _____

SEAL

This application is available in alternative, accessible formats upon request.

APPROVALS FOR RENEWAL:

The Mayor and City Clerk will provide written approval only after all other approvals have been obtained. The City Clerk's staff will acquire these approvals for applicants.

Zoning: _____
(2101 O'Neil Ave., Room 202/637-6282)

Police Department: _____
(2020 Capitol Avenue/637-6535)

Fire Department: _____
(2101 O'Neil Avenue/Room 304/637-6327)

Mayor: _____
(2101 O'Neil Ave., Room 310/637-6300)

City Clerk: _____
(2101 O'Neil Ave., Room 101/638-4301)

FOR USE BY CITY CLERK'S OFFICE: BY: _____

M/R # _____ FEE PAID $ _____ DATE PAID: _____ DATE ISSUED: _____

COMMENTS: _____

_____

_____