



**CALVERT COUNTY  
BOARD OF COUNTY COMMISSIONERS**

175 Main Street  
Prince Frederick, Maryland 20678  
410-535-1600 • 301-855-1243  
www.calvertcountymd.gov

*Board of Commissioners*  
Mark C. Cox Sr.  
Catherine M. Grasso  
Earl F. Hance  
Mike Hart  
Todd Ireland

**Charitable GAMBLING Financial Disclosure Statement**

*Please type or print clearly*

Name of Organization: \_\_\_\_\_ Organization Number: \_\_\_\_\_  
Name of President: \_\_\_\_\_  
Pres. Mailing Address: \_\_\_\_\_  
Business Number: \_\_\_\_\_ Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Pres. Email Address: \_\_\_\_\_

**Has any information changed since your last application?**  YES  NO

§VII.A. Not more than six (6) gambling events may be held by any organization per calendar quarter and not more than two per week, an organization may request approval for up to six (6) dates in a quarter:

- 1. The total duration of an event for which a gambling permit may be issued shall not exceed twenty four (24) hours, provided, however, the actual number of hours of gambling during a twenty four (24) hour period shall not exceed a total of eight (8) hours

*Please indicate below which event date and time you are approved for:*

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Quarter: \_\_\_\_\_ Year: \_\_\_\_\_  
Address of Event: \_\_\_\_\_

**INCOME:**

1. Type of Device(s): \_\_\_\_\_ Amount: \_\_\_\_\_  
2. Type of Device(s): \_\_\_\_\_ Amount: \_\_\_\_\_  
3. Type of Device(s): \_\_\_\_\_ Amount: \_\_\_\_\_  
4. Type of Device(s): \_\_\_\_\_ Amount: \_\_\_\_\_

**Please complete a REPORT SUMMARY for each device** **Total Income:** \_\_\_\_\_

**EXPENSES:**

Type of Expense: \_\_\_\_\_ Amount: \_\_\_\_\_  
Type of Expense: \_\_\_\_\_ Amount: \_\_\_\_\_  
Type of Expense: \_\_\_\_\_ Amount: \_\_\_\_\_  
Type of Expense: \_\_\_\_\_ Amount: \_\_\_\_\_

**Total Expenses:** \_\_\_\_\_  
**Net INCOME:** \_\_\_\_\_

As an officer of the above mentioned organization, and under the penalty of perjury, I affix my signature below attesting to the accuracy of the above mentioned information. I do hereby authorize a review and full disclosure of all records, or any part thereof, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature. The intention of this investigation is to provide information which will be utilized for investigative resources material.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title of Officer of Organization

**Please return form to:** Ashley Staples-Reid, Courthouse, 175 Main Street, Prince Frederick, Maryland 20678



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**Questions:** 410-535-1600 ext 2201 or Fax: 410-535-5594 or [email](#)

**Charitable GAMBLING Report Summary**

*Please type or print clearly*

Name of Organization: \_\_\_\_\_ Organization Number: \_\_\_\_\_  
Name of President: \_\_\_\_\_  
Pres. Mailing Address: \_\_\_\_\_  
Business Number: \_\_\_\_\_ Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Pres. Email Address: \_\_\_\_\_

**Has any information changed since your last application?**  YES  NO

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Quarter: \_\_\_\_\_ Year: \_\_\_\_\_

Type of Device: \_\_\_\_\_

Use additional **Report Summaries** for EACH device listed on previous page

**List of Operators:** *Operators must be members of the organization sponsoring the event.*

**Beginning:** \_\_\_\_\_

**Ending:** \_\_\_\_\_

**Accounting:** *Must reconcile beginning and ending balance with Total Net Income*

**Beginning Amount:** \_\_\_\_\_ **Total number of Players:** \_\_\_\_\_

**Ending Amount:** \_\_\_\_\_

**Did an organization other than the permit holder benefit from proceeds of the event?**  YES  NO

**If YES, Name and Address of Beneficiary** \_\_\_\_\_

Amount Donated: \_\_\_\_\_ Date Donated: \_\_\_\_\_

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Signature of Officer of Organization

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Date

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