

**ALLEGANY COUNTY GAMING OFFICE  
OPERATOR'S PAPER GAMING LICENSE APPLICATION**

Name of applicant (individual, corporation, partnership, etc.):

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If applicant's business is conducted under a trade name, state trade name:

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Maryland I.D. # \_\_\_\_\_ Federal I.D. # \_\_\_\_\_

Mailing Address:

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\*Physical location address

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\*Specific locations or description of all properties where paper games are to be sold  
(Attach additional sheet if necessary):

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Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Operating Hours						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Is this business located within corporate limits of a municipality (city or incorporated town)?

Yes ☐ No ☐ Name of municipality: \_\_\_\_\_

List name(s), title(s), address(es), and social security number(s) of applicant if applicant is an individual; or if applicant is partnership, of all partners; or if applicant is a corporation, unincorporated association, or other legal entity, of all officers:

Applicant 1

Name and Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

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Applicant 2

Name and Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

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Applicant 3

Name and Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

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Applicant 4

Name and Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

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Date when business incorporated/established: \_\_\_\_\_

I do solemnly declare and affirm under the penalties of perjury that the matters and facts contained in the foregoing Paper Gaming Application are true and correct to the best of my knowledge, information and belief.

(Signature): \_\_\_\_\_

(Printed Name): \_\_\_\_\_

(Position): \_\_\_\_\_

Must be sole proprietor, partner, or officer

(Date): \_\_\_\_\_

**ALLEGANY COUNTY GAMING OFFICE  
PAPER GAMING LICENSE APPLICATION  
PRIOR RECORD AFFIDAVIT**

An affidavit must be completed for each owner or corporate officer of the business or organization. All affidavits must be attached to the license application and must correspond to the names listed in the application itself.

I, \_\_\_\_\_, solemnly affirm under the penalties of perjury that I have never been convicted of a misdemeanor involving any gaming or gambling law of any state or been convicted of a felony.

I understand that this information may be checked by appropriate law enforcement agencies.

(Signature) \_\_\_\_\_

(Print Name) \_\_\_\_\_

(Position) \_\_\_\_\_

(Date) \_\_\_\_\_

I HEREBY CERTIFY, that on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the subscriber, a Notary Public in and for the county of \_\_\_\_\_ in the state of \_\_\_\_\_, personally appeared \_\_\_\_\_ known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged the foregoing application to be his/her act for the purposes therein contained.

Witness my hand and Notarial Seal.

Notary Public: \_\_\_\_\_

My Commission Expires:

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## **OPERATOR'S PAPER GAMING LICENSE APPLICATION STATEMENT**

As an applicant for a license to operate paper gaming in Allegany County, Maryland, I have read and understand the following:

1. This license is not transferable.
2. I may not hold a Wholesaler's License.
3. I agree to abide by all regulations pertaining to this license as established by the Board of County Commissioners of Allegany County.
4. I may only operate a paper game if the Operator is on the premises of the license holder during normal business hours unless otherwise authorized by the Allegany County Gaming Office.
5. I agree to submit accurate and timely reports as required by the Allegany County Regulations, and to make available to an auditor, designated by the Board of County Commissioners, any records required for an audit in accordance with said Regulations.
6. As the holder of a license, I will be responsible for the actions of all persons directly involved in the activities allowed under this license.
7. I will retain all records required under the Allegany County Gaming Regulations for at least five (5) years.
8. The Board of County Commissioners for Allegany County may audit any records pertaining to paper gaming.
9. A person whose Operator's License is revoked may not be issued another license.
10. A person may operate a Paper Game in the County only if the person:
  - a. has not been convicted of a misdemeanor involving any gambling or gaming law of the State of Maryland, except a misdemeanor in regard to the operation of a paper game before October 1, 1995, or a felony.
  - b. is of good moral character.
  - c. does not owe taxes to the State, County, or a municipal corporation in the County.

11. I agree to allow an agent of the Allegany County Gaming Office to inspect the premises and records related to the activities allowed under this license.

12. Before the Gaming Office takes legal action, it will give the person against whom the action is contemplated the opportunity for an administrative hearing.

13. The Gaming Office reserves the right to require an applicant to supply additional information in the event the Gaming Office believes the information supplied may be inconsistent or contain omissions

(Signature): \_\_\_\_\_

(Print Name): \_\_\_\_\_

(Position): \_\_\_\_\_  
Must be a sole proprietor, partner or officer

(Date): \_\_\_\_\_