



## ELIGIBLE ORGANIZATION GAMES OF CHANCE APPLICATION

**FOR LICENSING AUTHORITY  
USE ONLY**

**Licensing Authority** – Enter County Name or Governing Authority Name, Address and Telephone Number

**Please Print or Type.**

**IMPORTANT: READ INSTRUCTIONS ON PAGE 4 BEFORE COMPLETING APPLICATION**

**1 Check Appropriate Block:**  
 Initial Application                       Annual Application                       Change of Data  
 The licensing authority must be notified of changes to the information included on this application within 15 days of the change.

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**2 Submit a check, cashier's check or money order payable to the licensing authority named above for the fee due.**

TYPE OF APPLICATION	FEE	EXPLANATION
<input type="checkbox"/> Game of Chance License	\$125.00	Required for application.
<input type="checkbox"/> Monthly License	\$25.00	Required for application.
<input type="checkbox"/> Replacement License	➔	Issued only if original is defaced, destroyed or lost. Contact the licensing authority for current fee.

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<b>3 Name of Municipality (city, borough, incorporated town or township)</b>	<b>4 a Liquor Identification Number (LID)</b>
	<b>4 b Liquor License Number (if applicable)</b>
<b>5 Indicate Type of Organization (See instructions on Page 4.)</b>	<b>6</b> <input type="checkbox"/> <b>If incorporated, check here and attach copy of articles of incorporation.</b>
<b>7 Name of Organization</b>	<b>8 Date Organization was Formed</b>

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**9 Location of Organization and Licensed Premises**

**A. Address of Normal Business or Operating Site**

Street \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

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**B. Mailing Address**  Check if same as 9a

Street \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

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**C. Licensed Premises**  Check if same as 9a

Street \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

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**Licensed Premises is (check applicable box)**

Owned by organization

Leased by organization

Owned or leased by another licensed eligible organization and leased to or used by the organization

Other (Explain) \_\_\_\_\_

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**10 A.** Eligible organization's operating day \_\_\_\_\_

**B.** Eligible organization's operating week \_\_\_\_\_



## SCHEDULE SHEET FOR ELIGIBLE ORGANIZATION GAMES OF CHANCE LICENSING

**Please Print or Type All Information.**

**SCHEDULE A** - Check which type(s) of games of chance the organization will conduct:

- |  |   |   |                                  |
|--|---|---|----------------------------------|
| <input type="checkbox"/> Daily/Weekly Drawings | <input type="checkbox"/> Pull-tab games | <input type="checkbox"/> Punchboards    | <input type="checkbox"/> Raffles |
| <input type="checkbox"/> Race Night Games      | <input type="checkbox"/> Pools          | <input type="checkbox"/> 50/50 Drawings |                                  |

**SCHEDULE B** - List the following data for all officers, directors, owners and partners. If incorporated, list all officers and shareholders controlling 10 percent or more of outstanding stock. If organized as a partnership, list data for all partners. For all other entities, list data of any other financially responsible person.

Full Name	Date of Birth	Title or Relationship	Social Security Number (Optional) - -
Email Address			Telephone Number ( )
Complete Mailing Address			

Full Name	Date of Birth	Title or Relationship	Social Security Number (Optional) - -
Email Address			Telephone Number ( )
Complete Mailing Address			

**SCHEDULE C** - List all persons who will be responsible for operation of games of chance, including employees, bar personnel and organizational members or auxiliary members who will obtain and coordinate use of games of chance.

Full Name	Date of Birth	Title or Relationship	Social Security Number (Optional) - -
Complete Mailing Address			Telephone Number ( )

Full Name	Date of Birth	Title or Relationship	Social Security Number (Optional) - -
Complete Mailing Address			Telephone Number ( )

Full Name	Date of Birth	Title or Relationship	Social Security Number (Optional) - -
Complete Mailing Address			Telephone Number ( )

**SCHEDULE D** - List distributors with which the organization anticipates doing business:

Name of Distributor and distributor license number	Complete Mailing Address	Telephone Number
		( )
		( )
		( )
		( )

**SCHEDULE E** - List all auxiliary groups of the applicant conducting games of chance under the applicant's license:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING ELIGIBLE ORGANIZATION GAMES OF CHANCE APPLICATION

The licensing authority (County Treasurer, or in any home-rule county where there is no elected treasurer, the designee of the governing authority) should enter the county name or governing authority name, address and telephone number in the space provided at the top of the application prior to making application forms available to the local eligible organizations.

Questions regarding games of chance and this application should be referred to the licensing authority on Page 1 at the top of the application. If the information is missing, refer to the government section of your local telephone book to determine the name and address of your county licensing authority.

### APPLICATION INSTRUCTIONS

- SECTION 1** - Applicant must check the appropriate block to indicate the type of application the organization is submitting.
- SECTION 2** - Check type of application.
- Games of Chance License - A games of chance license authorizes the licensee to conduct games of chance during the eligible organization's licensing term. A licensee is eligible to apply for special raffle permits.
  - A monthly license authorizes an eligible organization to conduct games of chance for a 30 consecutive day period.
  - Enclose the application fee (check, cashier's check or money order) payable to the county licensing authority identified on Page 1.
- SECTION 3** - The municipality where the organization's licensed premise is physically located.
- SECTION 4 - 8** - Enter specific information regarding the organization. Enter in Section 5 the type of organization applying for license: charitable organization, religious organization, civic and service association, club, fraternal organization and veteran's organization, etc. If your organization qualifies as more than one type list all that applies. If you qualify as a club you must provide the information in 4a and 4b.
- SECTION 9** - Generally, if an eligible organization owns or leases a premises as its normal business or operating site, that premises shall be the licensed premise for purposes of operating games of chance. If an eligible organization does not own or lease a premises upon which normal business or operations is conducted, it may, by agreement, use the licensed premises of another licensed eligible organization or make other arrangements for a licensed premises. Leases for licensed premiseses must be in writing.
- A.** - The organization must provide the address of the physical location where normal business operation is conducted. Typically this will be the organization's mailing address and/or licensed premises, and it may be indicated as such by marking the boxes in B and C.
  - If no normal place of business, enter NONE.
  - B.** - If the organization has a different mailing address than the address provided in A (such as a Post Office Box), the organization must provide the mailing address in this item.
  - C.** - If an organization does not own or lease a normal business or operating site, has a normal business operating site with multiple structures or has multiple business or operating sites, it must indicate in this section the location it will use as its premises for conducting games of chance.
  - Information on this line is required for a complete application.
- SECTION 10** - Indicate the eligible organization's hours of operation, dates or days of week and times games are to be played.
- Operating day - The period of time during any 24-hour period when an eligible organization conducts its normal activities or holds itself open to its members.
  - Nonoperating day - A period of time equivalent to an eligible organization's operating day except that the eligible organization is closed to normal activities or to its members during that period of time.
  - Operating week - Seven consecutive operating days or nonoperating days.
- SECTION 11** - The executive officer or secretary of an organization must certify statements A through E by completing the personal data required in Section 11 and by signing the application.
- SECTION 12** - Applicant must check the appropriate block to indicate if their organization received small games of chance proceeds in excess of \$2,500 in the prior calendar year.
- SECTION 13** - Application must be notarized.

Complete the schedule sheet and enclose other documents listed at the bottom of Page 2 of the application. Social Security numbers are optional.

Forward the application, payment and other related documents to the licensing authority to obtain your license to conduct and operate games of chance.