

CHARITABLE ORGANIZATION LICENSE APPLICATION

A COMPLETE APPLICATION MUST BE RECEIVED AT LEAST 60 DAYS PRIOR TO THE INTENDED START OF GAMING OR BEFORE THE EXPIRATION OF YOUR CURRENT LICENSE.

GENERAL ORGANIZATION INFORMATION

*** Information provided in this section may be available to the public on the Department's website.**

1. Organization's Federal Employer Identification No. _____ Expiration date: _____

2. Organization's Name: _____ **ORG-** _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: (____) _____

Email Address: _____ Web Address: _____

3. Organization's Physical Location: _____

City: _____ County: _____ State: _____ Zip Code: _____

Telephone: (____) _____

List any other licensed Charitable Organizations that are operated from this physical location:

4. Does your organization have offices in any other county in Kentucky? Yes _____ No _____

If 'Yes,' please provide the following for each office (*attach additional pages, if necessary*).

Physical Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Telephone: (____) _____

Date organization was established in the county: _____

Name of any other businesses or charitable organizations that are operated from that location:



ORGANIZATIONAL STRUCTURE

5a. Does your organization have a 501(c) designation from the Internal Revenue Service?
(This also includes organizations that are covered by a *Group Ruling*.)

Yes _____ No _____

If 'Yes', check what type and attach a copy of the letter or legal document issued by the IRS granting tax-exempt status.

- 501(c) 3 501(c) 4 501(c) 8 501(c) 10 501(c) 19

5b. Is your organization a *Common School* as defined in KRS 158.030, an *Institution of Higher Education* as defined in KRS 164A.305, or a *State College* or *University* as provided for in KRS 164.290? (NOTE: Does not include PTA, PTO or Boosters).

Yes _____ No _____ If 'Yes,' skip Questions 8 and 9.

If you have answered 'No,' to both of the questions listed above, your organization is currently ineligible for a Charitable Gaming License – DO NOT CONTINUE FURTHER WITH THIS APPLICATION.

6. What date was the organization established in Kentucky? If the organization has not been established and continuously operating in the Commonwealth of Kentucky for at least three (3) years, the organization is ineligible for a Charitable Gaming license until it has met that requirement.

_____ (month) _____ (year)

7a. County in which charitable gaming will be conducted: _____

7b. Date office was established in the county in which charitable gaming will be conducted:

_____ (month) _____ (year)

8. Provide a copy of the organization's *Articles of Incorporation*.

OR

If the organization is not currently incorporated or the charitable purposes are not outlined within the *Articles*, provide a statement of the charitable purpose(s) for which the organization was established:

Statement of Purpose defined below: _____

Articles of Incorporation attached or are on file: _____

GAMING INFORMATION

****Please note: All gaming activity must be date and time specific. Failure to list specific day(s) and time(s) for all gaming activity will require the organization to notify the department and request a permanent change. The fee for each change request is \$25.00.**

11a. Does your organization plan to conduct bingo? Yes _____ No _____

11b. List all bingo sessions the organization will conduct and all information requested below. If a session will be held the same time each week, month, etc. you must indicate this by checking the appropriate box.

BINGO SESSIONS

1. Day of the week/Date first session is to be held: _____

Beginning Time: _____ am pm Ending Time: _____ am pm

Weekly Bi-Weekly Monthly Quarterly Annually Semi-Annually Other _____

Location of bingo session:

Name of Building (also include the commonly used name of the building) FAC-
KY License Number

Street Address

City State Zip Code

County Telephone Facility contact person at this location

Does the Organization own this facility? Yes _____ No _____

If 'No,' please provide a copy of a signed lease agreement.

If the organization will conduct pull tab sales, raffles, or non-cash prize wheels during this bingo session, note the beginning and ending times for each.

PULLTABS
Beginning Time: _____ am pm Ending Time: _____ am pm

RAFFLES
Beginning Time: _____ am pm Ending Time: _____ am pm

NON-CASH PRIZE WHEELS
Beginning Time: _____ am pm Ending Time: _____ am pm

2. Day of the week/Date second session is to be held: _____

Beginning Time: _____ am pm Ending Time: _____ am pm

Weekly Bi-Weekly Monthly Quarterly Annually Semi-Annually Other _____

Location of bingo session:

_____ **FAC-**
Name of Building (also include the commonly used name of the building) KY License Number

Street Address

City State Zip Code

_____ () _____
County Telephone Facility contact person at this location

Does the Organization own this facility? Yes _____ No _____

If 'No,' please provide a signed lease agreement.

If the organization will conduct pull tab sales, raffles, non-cash prize wheels during this bingo session, note the beginning and ending times for each.

PULLTABS
Beginning Time: _____ am pm Ending Time: _____ am pm

RAFFLES
Beginning Time: _____ am pm Ending Time: _____ am pm

NON-CASH PRIZE WHEELS
Beginning Time: _____ am pm Ending Time: _____ am pm

(Attach additional pages if necessary.)

12. Does your organization wish to sell paper or electronic pulltabs other than at a bingo session?

Yes No

If yes, please indicate below:

Paper pulltabs or paper pulltab sales from dispensers:

Weekly Bi-Weekly Monthly Quarterly Annually Semi-Annually Other _____

Day of the week/Date pulltabs will be sold: _____

Beginning Time: _____ am pm Ending Time: _____ am pm

Electronic pulltabs:

Weekly Bi-Weekly Monthly Quarterly Annually Semi-Annually Other _____

Day of the week/Date pulltabs will be sold: _____

Beginning Time: _____ am pm Ending Time: _____ am pm

Location that pulltab sales will occur:

Name of Building (also include the commonly used name of the building) **FAC-**
KY License Number

Street Address

City **State** **Zip Code**

County **Telephone** **Facility contact person at this location**

Does the Organization own this facility? Yes _____ No _____

If 'No,' please provide a signed lease agreement.

(Attach additional pages if necessary.)

13. **Does your organization wish to conduct raffles other than at a bingo session?**

Yes No

If yes, please indicate below:

Weekly Bi-Weekly Monthly Quarterly Annually Semi-Annually Other _____

Day of the week/Date raffle drawing will occur: _____

Time of drawing: _____ am pm

Location that raffle drawing will occur:

Name of Building (also include the commonly used name of the building) **FAC-**
KY License Number

Street Address

City **State** **Zip Code**

County **Telephone** **Facility contact person at this location**

Does the Organization own this facility? Yes _____ No _____

If 'No,' please provide a signed lease agreement.

(Attach additional pages if necessary.)

14. Does your organization wish to conduct non-cash prize wheels other than at a bingo session?

Yes _____ No _____

If Yes, what date or dates, outside of a scheduled bingo session, would these non-cash prize wheels be played?

Date: _____

Location that non-cash prize wheels will occur:

Name of Building (also include the commonly used name of the building) FAC- KY License Number

Street Address

City State Zip Code

County Telephone () Facility contact person at this location

Does the Organization own this facility? Yes _____ No _____

If 'No,' please provide a signed lease agreement.

(Attach additional pages if necessary.)

15. Does your organization wish to conduct a charity fundraising event(s) or special limited charity fundraising event(s)?

Yes No

In order to conduct a charity fundraising event or special limited charity fundraising event, please complete form CG-Schedule-A as required by 820 KAR 1:055.

CEO/CFO INFORMATION

16.

Chief Executive Officer

The director of the organization or the person who has legal authority to direct the management of the organization.

Name: _____

Title: _____

_____/_____/_____-_____-_____
 DOB SSN

Home Mailing Address

 Street Address/PO Box

 City State

 County Zip Code

() () ()
 Office Phone Cell Phone Home Phone

Email Address: _____

Home Physical Address
 (If different from above)

 Street Address

 City State

 County Zip Code

Chief Financial Officer

The person who is responsible for overseeing the financial activities of the organization; the custodian of the gaming session records; and responsible for ensuring that all records are accurate, complete, and maintained.

Name: _____

Title: _____

_____/_____/_____-_____-_____
 DOB SSN

Home Mailing Address

 Street Address/PO Box

 City State

 County Zip Code

() () ()
 Office Phone Cell Phone Home Phone

Email Address: _____

Home Physical Address
 (If different from above)

 Street Address

 City State

 County Zip Code

NOTE: THE ABOVE-LISTED OFFICERS ARE SUBJECT TO A STATE AND FBI CRIMINAL HISTORY CHECK WHICH MAY REQUIRE FINGERPRINTING. IF NEEDED, ADDITIONAL INFORMATION WILL BE FORWARDED TO YOU.

PURSUANT TO KRS 238.535(9)(f), IN APPLYING FOR A LICENSE, THE INFORMATION TO BE SUBMITTED SHALL INCLUDE BUT NOT BE LIMITED TO THE NAMES, ADDRESSES, DATES OF BIRTH, AND SOCIAL SECURITY NUMBERS OF ALL OFFICERS OF THE ORGANIZATION.

OTHER OFFICER INFORMATION

17. Provide the following information for all other Officers not listed in *Question 16* above. All elected or appointed officers must be listed and the list must be in accordance with the organizational structure or *Bylaws*.

Name: _____

Name: _____

Title: _____

Title: _____

_____/_____/_____-_____-_____
DOB SSN

_____/_____/_____-_____-_____
DOB SSN

Home Mailing Address

Home Mailing Address

Street Address/PO Box

Street Address/PO Box

City State

City State

County Zip Code

County Zip Code

() () ()
Office Phone Cell Phone Home Phone

() () ()
Office Phone Cell Phone Home Phone

Email Address: _____

Email Address: _____

Home Physical Address
(If different from above)

Home Physical Address
(If different from above)

Street Address

Street Address

City State

City State

County Zip Code

County Zip Code

17. (Continued)

Name: _____

Name: _____

Title: _____

Title: _____

_____/_____/_____-_____-_____
DOB SSN

_____/_____/_____-_____-_____
DOB SSN

Home Mailing Address

Home Mailing Address

Street Address/PO Box

Street Address/PO Box

City State

City State

County Zip Code

County Zip Code

() () ()
Office Phone Cell Phone Home Phone

() () ()
Office Phone Cell Phone Home Phone

Email Address: _____

Email Address: _____

Home Physical Address
(If different from above)

Home Physical Address
(If different from above)

Street Address

Street Address

City State

City State

County Zip Code

County Zip Code

(Attach additional pages if necessary.)

EMPLOYEES, MEMBERS, AND GAMING CHAIRPERSON INFORMATION

NOTE: CHAIRPERSONS ARE SUBJECT TO A STATE AND/OR FBI CRIMINAL HISTORY CHECK WHICH MAY REQUIRE FINGERPRINTING.

18. Provide the following information for all employees and members of the organization *who will be involved in the management and supervision of charitable gaming*. You must designate at least two (2) individuals, other than the Chief Executive Officer of the organization, as chairpersons. The gaming chairpersons must be members, officers, or employees as described in the Bylaws of the organization. Please check the "chairperson" box for all employees or members who will be a chairperson.

Name: _____

Employee Member Chairperson

If **employee**, please provide the job title or position held and describe regular job duties:

DOB / / SSN - -

Home Mailing Address

 Street Address/PO Box

 City State

 County Zip Code

() () ()
 Office Phone Cell Phone Home Phone

Home Physical Address
 (If different from above)

 Street Address

 City State

 County Zip Code

Name: _____

Employee Member Chairperson

If **employee**, please provide the job title or position held and describe regular job duties:

DOB / / SSN - -

Home Mailing Address

 Street Address/PO Box

 City State

 County Zip Code

() () ()
 Office Phone Cell Phone Home Phone

Home Physical Address
 (If different from above)

 Street Address

 City State

 County Zip Code

18. (Continued)

Name: _____

Employee Member Chairperson

If **employee**, please provide the job title or position held and describe regular job duties:

_____/_____/_____-_____-_____
DOB SSN

Home Mailing Address

Street Address/PO Box

City State

County Zip Code

() () ()
Office Phone Cell Phone Home Phone

Home Physical Address
(If different from above)

Street Address

City State

County Zip Code

Name: _____

Employee Member Chairperson

If **employee**, please provide the job title or position held and describe regular job duties:

_____/_____/_____-_____-_____
DOB SSN

Home Mailing Address

Street Address/PO Box

City State

County Zip Code

() () ()
Office Phone Cell Phone Home Phone

Home Physical Address
(If different from above)

Street Address

City State

County Zip Code

(Attach additional pages, if necessary.)

PURSUANT TO KRS 238.535(9)(g), IN APPLYING FOR A LICENSE, THE INFORMATION TO BE SUBMITTED SHALL INCLUDE BUT NOT BE LIMITED TO THE NAMES, ADDRESSES, DATES OF BIRTH, AND SOCIAL SECURITY NUMBERS OF ALL EMPLOYEES AND MEMBERS OF THE ORGANIZATION WHO WILL BE INVOLVED IN THE MANAGEMENT AND SUPERVISION OF CHARITABLE GAMING.

DISTRIBUTOR INFORMATION

19. List the licensed Distributors the organization will utilize for purchasing gaming supplies and equipment (pursuant to KRS 238.530).

Distributor Name

DIS -
KY License Number

Distributor Name

DIS -
KY License Number

Distributor Name

DIS -
KY License Number

Distributor Name

DIS -
KY License Number

FACILITY INFORMATION

20. Are the persons who will serve as Chief Executive Officer, Chief Financial Officer, or Chairperson of your organization immediate family members, as defined by KRS 238.505(20), of anyone associated with the facility where your organization will conduct charitable gaming? (pursuant to KRS 238.555(3)).

Yes

No

If yes, please describe: _____

DISTRIBUTIONS FROM SPECIAL EVENT RAFFLE LICENSEES

21. Will your charitable organization receive distributions from organizations holding a Special Event Raffle License pursuant to KRS 238.535(14)(b)? If so, list the Special Event Raffle Licensee and their Charitable Gaming license number below.

Special Event Raffle Licensee Name

SER -
KY License Number

Special Event Raffle Licensee Name

SER -
KY License Number

Special Event Raffle Licensee Name

SER -
KY License Number

Special Event Raffle Licensee Name

SER -
KY License Number

PURSUANT TO KRS 238.525(6), YOU MUST NOTIFY THE DEPARTMENT OF CHARITABLE GAMING, IN WRITING, OF ANY CHANGE IN THE INFORMATION PROVIDED IN THIS APPLICATION WITHIN THIRTY (30) DAYS OF THE DATE THE CHANGE OCCURRED.

CERTIFICATION (BY AN OFFICER)

I certify, under penalty of perjury, that I am an Officer authorized by the applicant to make application for licensure and that I have examined this application for licensure, including any accompanying material, and all information submitted is, to the best of my knowledge and belief, true and correct. I further certify that the applicant agrees to comply with all applicable laws and administrative regulations regarding charitable gaming in the Commonwealth of Kentucky.

Signature: _____

Print name: _____

Title: _____

Date: _____

Submit the completed original application (including all required attachments) along with the \$25.00 fee made payable to "Kentucky State Treasurer" to:

**COMMONWEALTH OF KENTUCKY
PUBLIC PROTECTION CABINET
DEPARTMENT OF CHARITABLE GAMING
DIVISION OF LICENSING & COMPLIANCE
500 Mero Street 2NW24
FRANKFORT, KY 40601
Email: dcg.info@ky.gov
Fax: (502) 573-6625**

If you need assistance completing this application, please call the Licensing Branch at (502) 573-5528 or Toll-free in Kentucky, (800) 729-5672.

Visit our website at: <http://www.dcg.ky.gov>

Applicant Checklist

Before submitting the application, make sure you have:

- Attached lease (if applicable)
- Enclosed \$25 fee
- All blanks are completed
- Enclosed evidence of tax-exempt status

YOUR APPLICATION WILL NOT BE PROCESSED UNTIL PAYMENT IS RECEIVED AND ALL INFORMATION IS COMPLETE.