

## 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:

\_\_\_\_\_  
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.

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



**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  
132 BRIGHTON PARK BOULEVARD  
FRANKFORT, KY 40601  
Email: [dcg.info@ky.gov](mailto: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.**