

Commonwealth of Kentucky
Public Protection Cabinet
DEPARTMENT OF CHARITABLE GAMING

CHARITY FUNDRAISING EVENT OR SPECIAL LIMITED CHARITY FUNDRAISING EVENT LICENSE APPLICATION

When applying for more than one event, submit a separate CG-Schedule A for each event, at least 30 days in advance of the proposed date of your event.

In order to qualify for a charity fundraising event license or special limited charity fundraising event license, the event must meet the qualifications of a "charity fundraising event". Pursuant to KRS 238.505(8), examples of activities include events that attract patrons for community, social, and entertainment purposes apart from charitable gaming, such as fairs, festivals, carnivals, licensed charitable gaming organization conventions, bazaars, and banquets.

ORGANIZATION INFORMATION

1. Name of Charitable Organization: _____

2. License number: **ORG-**_____ Expiration date: _____

EVENT INFORMATION

3a. Date(s) of Charity Fundraising Event:

	Date	Beginning time	Ending time
DAY 1	___/___/___	_____ am <input type="checkbox"/> pm <input type="checkbox"/>	_____ am <input type="checkbox"/> pm <input type="checkbox"/>
DAY 2	___/___/___	_____ am <input type="checkbox"/> pm <input type="checkbox"/>	_____ am <input type="checkbox"/> pm <input type="checkbox"/>
DAY 3	___/___/___	_____ am <input type="checkbox"/> pm <input type="checkbox"/>	_____ am <input type="checkbox"/> pm <input type="checkbox"/>

(cannot exceed 72 hours in duration unless conducted at state, county, or city fair)

3b. Date of Special Limited Charity Fundraising Event:

Date	Beginning time	Ending time
___/___/___	_____ am <input type="checkbox"/> pm <input type="checkbox"/>	_____ am <input type="checkbox"/> pm <input type="checkbox"/>

(must be between the hours of 12:00pm and 1:00am and cannot exceed 6 hours in duration)

4. Street address of location at which charitable gaming will be conducted:

Name of Building: _____

Street Address: _____

City, State, and Zip: _____

County: _____

A copy of a signed lease agreement or statement of other understanding between the organization and the owner of the premises for this event **must** be submitted with this application.



5. Please state the official name of the event as it will be advertised.

6. Please describe all non-gaming activities to be conducted at this event. (An example would be carnival rides, fish fry, motivational speakers, craft booths, golf tournament, 5k race, etc.) A charity fundraising event or special limited charity fundraising event are activities which include events that attract patrons for community, social and entertainment purposes apart from charitable gaming.

7. Please list the approximate **NUMBER** of tables/booths for each game of chance to be conducted:

- | | |
|---|------------------------------------|
| # _____ Bingo (only count as 1) | # _____ Blackjack |
| # _____ Card Minding Devices (only count as 1) | # _____ Poker |
| # _____ Horse Race Bingo | # _____ Dice Games |
| # _____ Prerecorded Horse Racing | # _____ Roulette |
| # _____ Pulltabs (only count as 1) | # _____ Keno |
| # _____ Electronic Pulltabs (only count as 1) | # _____ Baccarat |
| # _____ Raffles | # _____ Quarter Push |
| # _____ Non-Cash Prize Wheel Games
(Prize value does not exceed \$100) | # _____ Money Wheels (Cash Prizes) |
| # _____ Duck Race | # _____ Texas Hold'em |
| # _____ Golf Ball Drop | # _____ Horse Race by Roll of Dice |
| | *Other: _____ |

*Brief description of "other" game listed above and explanation of how prizes are awarded:

8. Will any of the games listed on Question 7 be played as a Tournament? If so, please list below.

DISTRIBUTOR INFORMATION

9. Distributor(s) applicant will use to obtain charitable gaming equipment or supplies:

Name: _____
KY license number: Dis- _____
Address: _____
City, State, Zip: _____

Name: _____
KY license number: Dis- _____
Address: _____
City, State, Zip: _____

Name: _____
KY license number: Dis- _____
Address: _____
City, State, Zip: _____

Name: _____
KY license number: Dis- _____
Address: _____
City, State, Zip: _____

(Attach additional sheets, if necessary)

Reminder: If special limited charity games are played, the organization shall provide the department with a copy of the executed contract for the use of those supplies no later than thirty (30) days following the event.

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 accompanying materials, 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: _____

Mail, e-mail, or fax completed application (including all required attachments), together with the \$25.00 processing 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
e-mail: dcg.info@ky.gov
fax: (502) 573-6625

If you need any help 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>

\$25.00 PROCESSING FEE IS REQUIRED FOR EACH SCHEDULE A.