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.

<table>
<thead>
<tr>
<th>ORGANIZATION INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Name of Charitable Organization:</td>
</tr>
<tr>
<td>2. License number: ORG-_________ Expiration date:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EVENT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>3a. Date(s) of Charity Fundraising Event:</td>
</tr>
<tr>
<td>Date</td>
</tr>
<tr>
<td>DAY 1</td>
</tr>
<tr>
<td>DAY 2</td>
</tr>
<tr>
<td>DAY 3</td>
</tr>
<tr>
<td>(cannot exceed 72 hours in duration unless conducted at state, county, or city fair)</td>
</tr>
</tbody>
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| 3b. Date of Special Limited Charity Fundraising Event: |
| Date | Beginning time | Ending time |
| / / | am pm | am pm |
| (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)
- ___ Card Minding Devices (only count as 1)
- ___ Horse Race Bingo
- ___ Prerecorded Horse Racing
- ___ Pulltabs (only count as 1)
- ___ Electronic Pulltabs (only count as 1)
- ___ Raffles
- ___ Non-Cash Prize Wheel Games (Prize value does not exceed $100)
- ___ Money Wheels (Cash Prizes)
- ___ Texas Hold’em
- ___ Horse Race by Roll of Dice
- ___ Golf Ball Drop

*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.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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__________________________________________________________________________

__________________________________________________________________________

DISTRIBUTOR INFORMATION

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

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

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

(Attach additional sheets, if necessary)
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: ___________________________________________

Submit the completed 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
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.