

FOR OFFICE USE ONLY:
 \$25 Processing Fee Paid
 \$ _____ LICENSE FEE PAID

Commonwealth of Kentucky
Environmental and Public Protection Cabinet
OFFICE OF CHARITABLE GAMING

Form CG-1
REV. 4/07

APPLICATION FOR LICENSE FOR CHARITABLE ORGANIZATION

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

GENERAL ORGANIZATION INFORMATION

- Organization's Federal Employer Identification No. 61-0111267
- Organization's Name: Child Abuse Awareness ORG- 2581
Mailing Address: 1782 Highland Park Drive
City: Louisville State: KY Zip Code: 40202 Telephone: 502 964 0000
Email Address: childabuse@internet.com Web Address: www.internet.com
- Organization's Physical Location: 1782 Highland Park Dr.
City: Louisville County: Jefferson State: KY Zip Code: 40202
Telephone: 502 964 0000

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

n/a

4. Does your organization have offices in any other county(ies)? Yes _____ No X

If "Yes," please provide the following for each office (attach additional sheets, if necessary).

Physical Address: _____

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

Date organization was established in the county: 1988

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

n/a



9. Provide a copy of the organization's *Bylaws*.
 (The organizational structure and management must be outlined within the *Bylaws*.)

OR

If the organization does not have *Bylaws*, provide a statement describing organizational structure and management:

Statement of Organizational Structure and Management defined below: _____

Bylaws attached X
 or are on file _____

* see attached

ORGANIZATION REVENUES/EXPENDITURES

NOTE: In lieu of the above information, attach a detailed annual financial statement that contains the above required information.

- 10a. Provide details below of how the organization made money.
- For New Applications, provide information for the last three (3) prior calendar years.
 - For Renewal Applications, without a break in licensing, provide information for one (1) prior calendar year.
 - For Renewal Applications, with a break in licensing, provide information for three (3) prior calendar years.

TYPE OF REVENUE	AMOUNT 1 YEAR PRIOR	AMOUNT 2 YEARS PRIOR	AMOUNT 3 YEARS PRIOR
Donations	\$ 34000.00	\$ 27000.00	\$ 16000.00
Bake Sales	\$ 12000.00	\$ 12000.00	\$ 6000.00
Dues	\$ 73000.00	\$ 59000.00	\$ 51000.00
Grants	\$ 150000.00	\$ 125000.00	\$ 100000.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

GAMING INFORMATION

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

If no, continue with Question 12.

First Bingo Session

Day of the week session is to be held: Tuesday Beginning Time: 6:00 am/pm

Location of first bingo session:

Bingo World
Name of building (also include the commonly used name of the building)

8010 Downey Dr.
Street Address

Louisville KY 40202
City State Zip Code

Jefferson (502) 408 0111
County Telephone

Amy Smith
Facility contact person at this location

Does the Organization own this facility? Yes _____ No X

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

Second Bingo Session (Complete only if different than First Bingo Session)

Day of the week session is to be held: _____ Beginning Time: _____ am/pm

Location of second bingo session:

Name of building (also include the commonly used name of the building)

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.

14. Does your organization wish to conduct non-cash prize wheel games where the non-cash prize does not exceed \$100 at any other time other than a bingo session, special limited charity fundraising event or charity fundraising event?

If no, continue with Question 15.

Day(s) of the week non-cash prize wheel game will occur: _____

Time: _____ am/pm

Location that non-cash prize wheel game will occur:

Name of Building (also include the commonly used name of the building)

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.

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

OTHER OFFICER INFORMATION

16. Provide the following information for all other Officers not listed in Question 17 above:

Name: Sheena Douglas
Title: Secretary

Name: _____
Title: _____

Mailing Address

6801 Cloverdale Dr.
Street/PO Box
Louisville Ky
City State
Jefferson 40213
County Zip Code

Mailing Address

Street/PO Box

City State

County Zip Code

502.321.2409 502.321.8321
Telephone (Day) Telephone (Eve)
2,04,69 254.19.6809
DOB SSN

Telephone (Day) Telephone (Eve)

DOB SSN

Physical Address
(If different from above)

* Same
Street

City State

County Zip Code

Physical Address
(If different from above)

Street

City State

County Zip Code

TAX INFORMATION AUTHORIZATION
(Please Type or Print)

TAXPAYER INFORMATION:

Taxpayer Name: Child Abuse Awareness
Address: 1782 Highland Park Dr.
LOUISVILLE KY 40202
Employer Identification Number: 61-0111267
Taxpayer Telephone Number: 502-964-0000
Type of License Applied For: Gaming
Tax Period (Year): 2007 TAX YEAR

This Tax Information Authorization allows the Internal Revenue Service to disclose Federal Tax Information, as necessary, with respect to all gaming/gambling activities conducted by the Organization for the period(s) indicated above to the Kentucky State Police and the Environmental & Public Protection Cabinet, Office of Charitable Gaming. The communications authorized include both written as well as oral representation by and between these agencies. These communications include but are not limited to tax or information matters relating to the filing of Forms 990, 990-T, 940, 941, 945, 1120, 730 and 11-C for the above tax period.

If signed by a corporate officer, partner, guardian, executor, receiver, administrator or trustee, I certify that I have the authority to execute this form with respect to the tax matters/period covered.

Jane Smith
Signature of Chief Executive Officer
Jane Smith
Printed Officer's Name
President
Title
502-964-0000
Telephone Number
8/24/07
Date

Bridgette Riley
Signature of Chief Financial Officer
Bridgette Riley
Printed Officer's Name
Treasurer
Title
502-555-7588
Telephone Number
8-24-07
Date

BOTH SIGNATURES ARE REQUIRED

This authorization is provided with the understanding the Federal Tax Information will be used only for the intended purposes by officers and employees of the agency with an official need for the information in the performance of their official duties. This authorization remains valid unless revoked by the taxpayer by the mailing of a copy of this authorization to the address indicated below. Notice of any revocation of this authorization will be forwarded to the indicated agencies described above.

INTERNAL REVENUE SERVICE
PO BOX 13163, ROOM 624
BALTIMORE, MARYLAND 21203
PH: (410) 962-3063 FAX: (410) 962-0132