

For office use only:  
 \$25 Processing Fee Paid \_\_\_\_\_  
 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  
Special License for License Year \_\_\_\_\_

Form CG-Schedule-A  
Rev. 4/07

Commonwealth of Kentucky  
Public Protection & Regulation Cabinet  
OFFICE OF CHARITABLE GAMING

**APPLICATION FOR CHARITY FUNDRAISING EVENT LICENSE  
OR SPECIAL LIMITED CHARITY FUNDRAISING EVENT LICENSE**  
When applying for more than one event, submit a separate CG-Schedule-A for each event.

**ORGANIZATION INFORMATION**

1. Name of Charitable Organization: Child Abuse Awareness
2. License number: ORG- 2581 Expiration date: 12/14/07

**EVENT INFORMATION**

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

	Date	Beginning time	Ending time
DAY 1	<u>10/5/07</u>	<u>9:00</u> <input checked="" type="radio"/> am <input type="radio"/> pm	<u>9:00</u> am <input type="radio"/> <input checked="" type="radio"/> pm
DAY 2	<u>10/6/07</u>	<u>9:00</u> <input checked="" type="radio"/> am <input type="radio"/> pm	<u>9:00</u> am <input type="radio"/> <input checked="" type="radio"/> pm
DAY 3	<u>10/7/07</u>	<u>1:00</u> am <input type="radio"/> <input checked="" type="radio"/> pm	<u>6:00</u> am <input type="radio"/> <input checked="" type="radio"/> pm

3b. Date of Special Limited Charity Fundraising Event:

Date 1/1 Beginning time \_\_\_\_\_ am pm Ending time \_\_\_\_\_ am pm  
(must be between the hours of 12:00pm and 1:00am)

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

Name of Building: Activity Center  
Street Address: 1782 Highland Park Drive  
City, State, and Zip: Louisville Ky 40202  
County: Jefferson

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.



**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: Jane Smith  
Print name: Jane Smith  
Title: President  
Date: 8/24/07

Mail completed application (including all required attachments), together with the \$25.00 processing fee made payable to "Kentucky State Treasurer" to:

Commonwealth of Kentucky  
Environmental and Public Protection Cabinet  
Office of Charitable Gaming  
Division of Licensing & Compliance  
132 Brighton Park Boulevard  
Frankfort, KY 40601

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.ocg.ky.gov>

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