# Commonwealth of Kentucky Public Protection Cabinet DEPARTMENT OF CHARITABLE GAMING

#### CHARITABLE ORGANIZATION LICENSE APPLICATION

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

#### **GENERAL ORGANIZATION INFORMATION**

<u>* lr</u>	information provided 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: Zie Code: Telephone: ()
	Email Address: Address:
3.	Organization's Physical Location:
	City:
5.	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? YesNo
	If 'Yes," please provide the following for each office (attach additional pages, if necessary).
	Physical Address:
	City: State: State: State:
	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	Doe your organization have	a 501(c) design	nation from the	Internal Revenu	ıa Sarvica?	
	(The also includes organization				ie delvice:	
		Yes	No			
If "	<b>/es</b> ', check what type and <u>attach</u>	a copy of the let	tter or legal docu	ıment issued by t	he IRS granting	tax-exempt status.
	601(c) 3	□501(c) 4	□501(c) 8	□501(c) 10	□501(□)19	
5b.	Is your organization Communication Communication KRS 164A, 15, or include PTA, PTO or Booter	a State College	defined in KRS or <i>University</i> a	5 158.030, an <i>In</i> s provided for i	sturon of Hig 164.2907	ther Education as (NOTE: Does not
		Yes	No	_ If 'Yesap Q	uestions 8 and 9	<b>)</b> .
	If you have answered currently ineligible for	r a 🔾 🔭 ritable	of the quest Gaming Lic THIS APPL	ense – DO NO	ove, your or OT CONTINU	ganization is E FURTHER
6.	What date was the organizat continuously operating in the ineligible for a Charitable Gam	e Commonweal	th of Kentucky	for at least thr	ion has not bee ee (3) years, tl	n established and ne organization is
			(month)	· · · · · · · · · · · · · · · · · · ·	(year)	<del></del>
7a.	County in which charitable ga	aming will be	ducted:	<u></u>		
7b.	Date office was established in	n the coupty of	which charitan	gaming will be	e conducted:	
-			(month)		(year)	
8.	Provide a copy of the organiz	tion's Articles	of Incorporation	on.		
			OR			
	If the organization is not cu Articles, provide a statement	rrently incorpo of the charitable	rated or the cl e purpose(s) fo	haritable purpos r which the orga	ses are not ou inization wa	tlined within the stablished:
	Statement of P		Arti or a	cles of Incorporations	tion attached	

			- W-10
9.	Provide a copy of the organization's <i>Bylaws</i>	•	
		OR	
	If the organization does not have <i>Bylaws</i> , or in the <i>Bylaws</i> , provide a statement describin	r the organizational structure and management is not out og the organizational structure and management:	llined
	Statement of Company at Statement Statement	D. Laure attacks 1	
	Statement of Communicational Structure and Management delined below:	Bylaws attached	
	and Management defined below.	or are on file:	
	ODOANUZATION		1000

#### ORGANIZATION VENU S/EXPENDITURES

NOTE: In lieu of the information requested below, th, for each of the last three calendar years, a detailed annual financial statement that contains the require formation. Please do not attach IRS Form 990 or charitable gaming financial reports to show revenue and menditures for your organization.

Provide details below of how the organication made horrey. Examples include: dues, grants, donations, fundraisers, sales, etc. Please do not exide financial formation in lump sum amounts.

• For Renewal Applications without a peak in licensing, provide information for the prior calendar year only. 10a.

TYPE OF REVENUE	1 YE LOR	AMO 2 YEARS P YEAR	AMOUNT 3 YEARS PRIOR YEAR
	s	5	s
	\$	5	s
	5	\$	
1		\$	3
		\$	5
	\$	s	,
	\$	\$	3
	\$	\$	5
	\$	\$	s
	\$	s	\$
	\$	\$	\$

- 10b. Provide details below of how the organization spent money toward its charitable purpose. Examples include: personnel expenses, mortgage or building payments, office equipment, supplies, utilities, scholarships, donations, etc. Please do not provide lump sum amounts.
  - For Renewal Applications, without a break in licensing, provide information for the prior calendar year only.

THE OF E PENDITURE	AMOUNT 1 YEAR PRIOR YEAR	AMOUNT 2 YEARS PRIOR YEAR	AMOUNT LARS PRIOR R
	\$	\$	5
	s	s	
	5	s	
	*	s	s
		\$	s
	\$	s	\$
	\$	\$	\$
	5	\$	\$
	s	s	\$
	5		\$
	\$		\$
	\$	4	\$
	s	5	\$
	s	:	\$
	s	5	\$

10c.	Provide the account balance, as shown on the December bank statement, for the previous calendar year.
	General/Operational Account Gaming Account Other Account(s)
	Raffle Recipient Account (only applicable if receiving funds from 50 (c) organizations licensed by the Department of Chantalle gaming)
10d.	Please describe how your organization has made reasonable progress in accomplishing its charitable purpose, as stated above, during the previous three (3) years. (Renewal applications without a break in
-	licensure can state progress during the previous one (1) year.)
200	

## **GAMING INFORMATION**

**Ple <u>ali</u>	as note: All gaming activity must be date and time specific. Failure to list specific day(s) and time(s) for 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 sassions 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□
Lo	ocation of bingo session:
N.	FAC-
	ame of Building (also include the commonly used name of the building) KY License Number
n <u>a</u>	reet Address
Cit	State Zip Code
Co	ounty Telephone Facility contact person at this location
Do	pes the Organization own tris facility? Yes No
	If 'No,' please provide a copy of a signed lease agreement.
	services productions and a significant results of the services and the services and the services are services are services and the services are services are services and the services are se
	If the organization will conduct pull tab sales, raffles, or non-cash prize where during this bingo session, note the beginning and ending times for each.
	PULLTABS
	Beginning Time: amopmo Ending Time: amobmo
	RAFFLES
	Beginning Time: am□pm□ Ending Time: am□pm□
	NON-CASH PRIZE WHEELS
	Beginning Time: am□pm□ Ending Time: am□pm□

Day of	the week/Date second sess	ion is to be held:		
	Beginning Time:	am⊪pm <b></b> Endir	ng Time:	amopmo 🛌
Westy	ਤ Bi-Weekly⊯ Monthlyଘ (	Quarterly⊡ Annually <b>c</b>	₃ Semi-Annually <mark>o</mark>	Other
Location	Dingo session:		540	
Name of Bu	uild so include the com	monly used name of the	building) KY L	nse Number
Street Add	ress			1/19 - 1/2 -
City		State		Zip Code
County	Ple	phone	Facility conta	ct person at this location
Does the O	rganization own this facility	Yes	No	_
If 'No,' p	olease provide a signed lease	a rement.		
	ganization will conduct pul , note the beginning and er	nding time for each.	n-cash prize whee	ls during this bingo
	Beginning Time:		Ending Time:	am□pm□
	Beginning Time:	RAFFLES amppm	Ending Time:	amopmo
	Beginning Time:	NON-CASH PRIZE WH am⊕pm□	EEL Ending Ime:	amopmo
	(A	ttach additional pages		
Does yo	our organization wish to sel		ulltabs other that	a bingo session?
If yes, p	lease indicate below:	es 🗌 No		
	s or paper yulltab sales fro ] Bi-Week y⊡ Monthly⊕ Q		Semi-Annually	Other
Day of t	he week/Date pulltabs will b	oe sold:		
	ng Time: amæpmo	□ Ending Time:	am□pm□	
ectronic pu Weekly⊟	iitabs: Bi-Weekly <mark>□</mark> Monthly <sub>□</sub> Q	uarterly <mark>r</mark> Annually⊏	Semi-Annually	Other
Day of t	he week/Date pulltabs will k	e sold:		

		FAC-	
Name of Building (also in	nclude the commonly used name	e of the building) KY Li	cense
		<b>.</b>	
Street address			
City	State		Zip Code
			Zip oodt
County	Telephone	Facility conta	ct person at this location
			ict person at tills location
Does the Organization	this facility? Yes		_
If 'No,' please provide	a squeo lease agreement.		
	Attach additional	pages if necessary.)	
		7.	
Does your organizati	on wish to conduct raffles		on?
If yes, please indicate	□ Yes No		
	300		
Weekly□ Bi-Weekly□	Monthly Quarter Annu	ally Semi-Annually	Other
Day of the week/Date	raffle drawing will occur:		
Time of drawing:	amm_		
Location that raffle drawi	ng will occur:		
Name of Building (also in	clude to commonly used name	of the building KY Lic	ense Number
, , , , , , , , , , , , , , , , , , ,	commonly adda mamo	of the banding	chac radinger
Street Address			
A A			
City	State		
Dity	State		Zip Code
County	<u>( )</u>		
Jounty	Telephone	Facility contact	ct person at this location
oes the Organization ow	n this facility? Yes	No	_
If 'No ' please provide a	a signed lease agreement.		
ii ito, passe provide e			
	(Attach additional p	pages if necessary.)	

14.	Does your organ	ization wish to conduct n	on-cash prize whee	ls other than at a bingo session?
	Yes	No	*	
	If Yes that date or oplayed.  Date:	dates, outside of a schedu	uled bingo session,	would these non-cash prize wheels be
2.		sh prize wheels will occu		FAC-
	Name of Building (al	so include the commonly us	sed name of the build	KY License Number
3	Street Address			
	City		State	Zip Code
Č	County	Telephone	F	acility contact person at this location
	If ' <b>No</b> ,' please prov		ent Iditional pages if ne	
15.	fundraising event  In order to conde	t(s)?	□ No event or special h	sing event(s) or special limited charity

#### **CEO/CFO INFORMATION**

Chief Executive Offi	<u>cer</u>	Chief Finangia Officer
The director of the organization or	the person The persor	n who is responsible for overseeing al activities of the organization; th
who has legal authority to direct the	e management the financia	al activities of the organization; th
of the organization.	custodian d	of the gaming session records; ar
	responsible	e for ensuring that all records are
	accurate, c	omplete, and maintained.
Manua		
Name:	Name:	
Title:	TAL.	
Title:	Title:	
	-	<u> </u>
DOB	DOB	SSN
Home Mailing Address	i i	Home Mailing Address
Street Address/PO Box		150.5
Street Address/PO Box	Street Addr	ress/PO Box
City State	City	State
, Otato	City	State
County Zip C	od County	Zip Code
_		•
		( )
( ) ( ) ( ) Office Phone Cell Phone Hame	Phone Office Phon	( ) ( ) ne Cell Phone Home Phone
Email Address:	ail Addre	ess:
Home Physical Address		Home Physical Address
Home Physical Address (If different from above)		(If different from above)
	The state of the s	,
Street Address	SAme AA	
Olicet Address	Street Addin	
City State	City	State
	,	State
		Control of the contro
County Zip Co	ode County	Zip Code
County Zip Co	ode County	Zip Code

NOTE: THE ABOVE-LISTED OFFICERS ARE SUBJECT TO A STATE AND FRICRIMINAL 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, DATE OF BIRTH, AND SOCIAL SECURITY NUMBERS OF ALL OFFICERS OF THE ORGANIZATION.

## OTHER OFFICER INFORMATION

Bylaw		oust be in accordance with	
Name:		Name:	
Title:	31000	Title:	
	<u> </u>		
DOB	SSN	SOIS	SSN
Home Mai	Mag Address	Home Mai	ling Address
Street Address/PO Bo	×	Street Address/PO Bo	ox
City	Sta	City	State
County	Z/ ode	County	Zip Code
Office Phone Cell P	hone Home Phone	Office Phone Cell F	Phone Home Phone
Email Address:		email Address:	
Home P	(from above)	Home Phy (If differen	ysical Address t from above)
Street Addres		Street Address	
City	State	City	State
County	Zip Code	County	Zip Code

Name:		Name:	
Title:		Title:	
DOB Home Mailir	SSN Ny Address	DOB	SSN Mailing Address
Street Address/PO Box		Street (ddress/PO	Вох
City	State	City	State
County	Zip Code	County	Zip Code
( ) ( ) Office Phone Cell Ph	one Home Phone	fice Phone Ce	) ( ) Il Phone Home Phone
Email Address: Home Phys (If different f	sical Address	Home	Physical Address rent from above)
Street Address		Street Address	
City	State	City	State
County	Zip Code	County	Zip Code
	(Attach additiona	I pages if necessary.)	

# **EMPLOYEES, MEMBERS, AND GAMING CHAIRPERSON INFORMATION**

NOTE: CHAIRPER MAY REQUIRE FIN	RSONS ARE SUBJECT TO A SIGERPRINTING.	STATE AND/OR FBI CRI	MINAL HISTORY HECK W
involved in the ma individuals, ther chairpersons	ving information for all emp nagement and supervision of than the Chief Executive Off t be members, officers, or em chairperson" box for all empl	charitable gaming. You icer of the organization ployees as described in	u must <u>sesignate at least to</u> , as <u>sairpersons</u> . The ga the Bylaws of the organiz
Name:		Name:	
☐ Employee ☐	Member   Chairperson	☐ Employ	Member
If employee, please held and describe re	provide to job title or position gular job dunes:	If employ please held and escribe re	provide the job title or position gular job duties:
DOB	SSN	DOB	SSN
Home N	Mailing Address	Home M	ailing Address
Jucet Address/PU	BOX	Street Haress/PO	DUX
City	State	City	State
County	Code	County	Zip Code
	I Phone Home Phone	Office Phone Cel	Rhone Home Phone
Home F (If diffe	Physical Address rent from above)		hysical Address ent from above)
Street Address		Street Address	
City	State	City	State
•,			

#### **DISTRIBUTOR INFORMATION**

19. List the licensed Distributors the organization will	utilize for purchasing gaming supplies and equipment
(pursuant to KRS 238.530).	
,	
Di-4-16-4 N	Distribution Name
Distributor Name	Distributor Name
DIS -	DIS -
KY License Number	KY License Number
	TO Elisable
Distributor Name	Distributor Name
DIS -	DIS -
KY License Number	KY Lense Number
IVI License Mainbei	It i delise itulliber
EARLITV IN	FORMATION
FACILITIN	RIVIATION
	<del> </del>
20. Are the persons who will serve as Chief Executive	Officer, Chief Financial Officer, or Chairperson of your ed by KRS 238.505(20), of anyone associated with the
organization immediate family members as 1000	ed by KRS 238 505/20) of anyone associated with the
facility where your organization will conduct charit	bu by Kito 250.505(20), or anyone associated with the
racility where your organization will conduct thank	ple gaming? (pursuant to KKS 238.555(3)).
☐ Yes	□ No
If yes, please describe:	
	The late of the la
DISTRIBUTION FROM SPECIA	AL EVENT RAFFLE LICENSEES
DIGITALD TION THOM OF EON	LE EVEITI TO AN EL LIGERIOLES
21 Will your charitable organization receive distribution	ons from organizations halding a Special Event Raffle
License pursuant to K 238.535(14)(b)? If so, list	the Special Event Raffle L tensee and their Charitable
Gaming license number below.	
Special Event Ratile Licensee Name	Special Event Raffle Licensee Name
Special Event Name Licensee Name	Special Event Name Elcensed Valle
SER -	SER -
KY License mber	KY License Number
Out and I Described the Control of t	Oversial Franch Defficiency
Special Event Raffle Licensee Name	Special Event Raffle Licensee Name
SER	SER -
KY License Number	KY License Number
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•	

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 cartify that the applicant agrees to comply with all applicable laws and administrative regulations regarding charitable gaming in the Commonwealth of Kentucky.

Signature:	
Print name: <sub>_</sub>	
Title:	
Date:	

Submit the completed original application (holuding all required attachments) along with the \$25.00 fee made payable to "Kentucky State Treasurer" to:

COMMONWEALTH F KENTUCKY
PUPLIC PROTECTION CABINET
DEPAR MENT OF CHARIT BLE GAMING
DIVISION OF LICENSING & OMPLIANCE
500 Mero Street 2NV 4
FRANKFORT, KY 4060
Email: 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 Kertucky, (800) 729-5672.

Visit our website at: http://www.dcg.ky.gov

# Applicant Checklist Before submixing the application, make sure you have: At ached lease (if applicable) Ciclosed \$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.

Name:		Name:	
☐ Employee ☐ N	Member	☐ Employee ☐	Member
If employed, please proheld and describe regu	ovide the job title or position lar job duties:	If <b>employee</b> , place pheld and describe reg	provide the job title or posit ular job duties:
DOB	SSN	DOB	SSN
Home Mai	ling Addres	Home Ma	iling Address
Street Address/PO Bo	х	Street Address/PO B	ох
City	State	City	State
County	Zip Code	County	Zip Code
Office Phone Cell P	hone Home Phone	Office Phone Cell I	) ( ) Phone Home Phone
Home Phy (If different	vsical Address t from Joove)	None Ph	ysical Address nt from above)
Street Address		Street Address	
City	State	City	State
County	Zip Code	County	Zip Code
- Company	(Attach additional pag		