

## FACILITY LICENSE APPLICATION

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

### GENERAL FACILITY INFORMATION

1. Name of applicant: \_\_\_\_\_

New  Renewal FAC- \_\_\_\_\_

2. Is applicant organized as: \_\_\_\_\_  
\_\_\_\_\_ Corporation  
\_\_\_\_\_ Partnership  
\_\_\_\_\_ Limited Liability Co. (LLC)  
\_\_\_\_\_ Sole Proprietorship  
\_\_\_\_\_ Other

3. If "other", explain in detail: \_\_\_\_\_  
\_\_\_\_\_

4. Applicant's federal employer tax identification number: \_\_\_\_\_

5. Name of facility, if different from name of applicant: \_\_\_\_\_

6a. Mailing address of applicant (P.O. Box not acceptable): \_\_\_\_\_

City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: \_\_\_\_\_

6b. Street address of facility: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_ Website address: \_\_\_\_\_

6c. County in which facility is located: \_\_\_\_\_

6d. Description of gaming facility.

- a. Square footage of gaming facility: \_\_\_\_\_
- b. Capacity level of gaming facility: \_\_\_\_\_
- c. Available parking area for gaming facility (estimate number of parking spaces or size of parking area): \_\_\_\_\_
- d. Certificate of Occupancy date: \_\_\_\_\_



**Note: All premises or facilities on which or in which charitable gaming is conducted shall meet all applicable federal, state, and local code requirements relating to life, safety, and health.**

**OFFICER INFORMATION**

7a. **Please give the following information for the chief executive officer and the chief financial officer of the applicant. Note: These officers shall be subject to a state and FBI criminal history background check and fingerprinting will be required. Additional information relating to the procedures for the background checks will be forwarded to applicant.**

**Chief Executive Officer:**

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Social Security number: \_\_\_\_\_

**Note: PO Box is not acceptable**

Home street address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_  
County: \_\_\_\_\_  
Home telephone: ( ) \_\_\_\_\_  
Work telephone: ( ) \_\_\_\_\_  
Email address: \_\_\_\_\_

**Chief Financial Officer:**

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Social Security number: \_\_\_\_\_

**Note: PO Box is not acceptable**

Home street address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_  
County: \_\_\_\_\_  
Home telephone: ( ) \_\_\_\_\_  
Work telephone: ( ) \_\_\_\_\_  
Email address: \_\_\_\_\_

7b. **The following information is required for officers of the applicant not listed in question #7a above:**

Officer's title: \_\_\_\_\_

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Social Security number: \_\_\_\_\_

**Note: PO Box is not acceptable**

Home street address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_  
County: \_\_\_\_\_  
Home telephone: ( ) \_\_\_\_\_  
Work telephone: ( ) \_\_\_\_\_  
Email address: \_\_\_\_\_

Officer's title: \_\_\_\_\_

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Social Security number: \_\_\_\_\_

**Note: PO Box is not acceptable**

Home street address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_  
County: \_\_\_\_\_  
Home telephone: ( ) \_\_\_\_\_  
Work telephone: ( ) \_\_\_\_\_  
Email address: \_\_\_\_\_

Officer's title: \_\_\_\_\_

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Social Security number: \_\_\_\_\_

**Note: PO Box is not acceptable**

Home street address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_  
County: \_\_\_\_\_  
Home telephone: ( ) \_\_\_\_\_  
Work telephone: ( ) \_\_\_\_\_  
Email address: \_\_\_\_\_

Officer's title: \_\_\_\_\_

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Social Security number: \_\_\_\_\_

**Note: PO Box is not acceptable**

Home street address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_  
County: \_\_\_\_\_  
Home telephone: ( ) \_\_\_\_\_  
Work telephone: ( ) \_\_\_\_\_  
Email address: \_\_\_\_\_

*(Attach additional pages if necessary)*

## FINANCIAL INTEREST

8. **The following information is required for each individual who has a 10% or greater financial interest in the applicant (facility). Note: These individuals shall be subject to a state and FBI criminal history background check, and fingerprinting will be required. Additional information will be forwarded to you relating to the procedures for the background checks.**

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Social Security number: \_\_\_\_\_

**Note: PO Box is not acceptable**

Home street address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_  
County: \_\_\_\_\_  
Home telephone: ( ) \_\_\_\_\_  
Work telephone: ( ) \_\_\_\_\_  
Email address: \_\_\_\_\_

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Social Security number: \_\_\_\_\_

**Note: PO Box is not acceptable**

Home street address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_  
County: \_\_\_\_\_  
Home telephone: ( ) \_\_\_\_\_  
Work telephone: ( ) \_\_\_\_\_  
Email address: \_\_\_\_\_

*(Attach additional pages if necessary)*

## EMPLOYEES AND/OR CONTRACTEES OF THE FACILITY

9. **The following information is required for each employee or contractee of applicant which manages the facility or provides other authorized services, including security, concessions, janitorial services, etc.:**

Business name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Social Security number: \_\_\_\_\_

**Note: PO Box is not acceptable**

Home street address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_  
County: \_\_\_\_\_  
Home telephone: ( ) \_\_\_\_\_  
Work telephone: ( ) \_\_\_\_\_  
Email address: \_\_\_\_\_

Mark one:

Employee or  Contractee

Please provide job title or position held and describe regular job duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Social Security number: \_\_\_\_\_

**Note: PO Box is not acceptable**

Home street address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_  
County: \_\_\_\_\_  
Home telephone: ( ) \_\_\_\_\_  
Work telephone: ( ) \_\_\_\_\_  
Email address: \_\_\_\_\_

Mark one:

Employee or  Contractee

Please provide job title or position held and describe regular job duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Attach additional pages if necessary)*

## ORGANIZATIONS LEASING FACILITY

10. The following information is required for each charitable organization to which you currently lease space:

a. Charitable organization: \_\_\_\_\_ License Number: \_\_\_\_\_  
First gaming day: \_\_\_\_\_ Hours of use: \_\_\_\_\_  
Second gaming day: \_\_\_\_\_ Hours of use: \_\_\_\_\_  
Third gaming day: \_\_\_\_\_ Hours of use: \_\_\_\_\_

*(List all gaming days and hours of use. Attach additional sheet if necessary.)*

Rate charged: \_\_\_\_\_

Services provided by facility:

<input type="checkbox"/> gaming space	<input type="checkbox"/> utilities	<input type="checkbox"/> insurance
<input type="checkbox"/> concessions	<input type="checkbox"/> parking	<input type="checkbox"/> tables and chairs
<input type="checkbox"/> adequate storage	<input type="checkbox"/> security	<input type="checkbox"/> janitorial service
<input type="checkbox"/> other non-gaming equipment		

Expiration date of current lease: \_\_\_\_\_

b. Charitable organization: \_\_\_\_\_ License Number: \_\_\_\_\_  
First gaming day: \_\_\_\_\_ Hours of use: \_\_\_\_\_  
Second gaming day: \_\_\_\_\_ Hours of use: \_\_\_\_\_  
Third gaming day: \_\_\_\_\_ Hours of use: \_\_\_\_\_

*(List all gaming days and hours of use. Attach additional sheet if necessary.)*

Rate charged: \_\_\_\_\_

Services provided by facility:

<input type="checkbox"/> gaming space	<input type="checkbox"/> utilities	<input type="checkbox"/> insurance
<input type="checkbox"/> concessions	<input type="checkbox"/> parking	<input type="checkbox"/> tables and chairs
<input type="checkbox"/> adequate storage	<input type="checkbox"/> security	<input type="checkbox"/> janitorial service
<input type="checkbox"/> other non-gaming equipment		

Expiration date of current lease: \_\_\_\_\_

*(Attach additional pages if necessary)*

## LEASE AGREEMENTS

11. **Attach a copy of a blank standard lease agreement used between applicant and charitable organization.**
12. **Attach copies of each signed lease agreement described in question #10 above.**

**Please read KRS 218.555(4) and 820 KAR 1:005 to ensure your lease meets the requirements of this statute.**

13. **Do you own the facility you are leasing to charitable organizations?**

Yes or  No

If "no", please attach a copy of the lease agreement between applicant and applicant's lessor and state below who owns the property where the charitable gaming activities will be conducted.

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Telephone: \_\_\_\_\_

## ADDITIONAL INFORMATION

14. Is applicant currently licensed or permitted to operate a charitable gaming facility in any other state, territory, or country?

Yes or  No

If "yes," please list the state(s), territory(ies), or country(ies):

State/territory/country \_\_\_\_\_ State/territory/country: \_\_\_\_\_

*(Attach additional sheets, if necessary)*

15. Has the applicant had any disciplinary action taken by any other state, territory, or country?

Yes or  No

If "yes", state when, by what regulatory authority, and on what grounds:

---

---

16. Has the applicant ever been denied a license or permit to operate a charitable gaming facility in any other state, territory, or country?

Yes or  No

If "yes", state when, by what regulatory authority, and on what grounds:

---

---

17. Has the applicant had any disciplinary action taken by any other regulatory authorities in the Commonwealth of Kentucky?

Yes or  No

If "yes", explain in detail the circumstances:

---

---

18. Has applicant or any individual named in question #7a, 7b or 8 of this application been convicted of a crime in federal court or the courts of any state, the District of Columbia, or any territory of the United States?

Yes or  No

If "yes", describe in detail:

---

---

19. Is the applicant or any individual named in question #7a, 7b or 8 of this application under indictment in federal court or the courts of any state, the District of Columbia, or any territory of the United States?

Yes or  No

If "yes", describe in detail:

---

---

20. Is this facility used, leased, or provided to any organization for any use other than for the conduct of charitable gaming?

Yes or  No

If yes, please explain in detail:

---

---

---

21. Does any organization have an office or place of business at the facility?

Yes or  No

If yes, please explain in detail:

---

---

---

### RELATION TO CHARITABLE ORGANIZATIONS

22. Will anyone associated with your licensed charitable gaming facility, or their immediate family members as defined by KRS 238.505(20), serve as Chief Executive Officer, Chief Financial Officer, or Chairperson for any of the licensed charitable organizations which conduct charitable gaming at your facility? (pursuant to KRS 238.555(3)).

Yes

No

If yes, please describe:

---

---

---

### CERTIFICATE OF OCCUPANCY

23. Does this facility meet all applicable federal, state and local code requirements relating to life, safety and health?

Yes or  No

**PROVIDE PROOF**

The applicant shall notify the Department of Charitable Gaming in writing of any changes in the information provided on this application within 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 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: \_\_\_\_\_

Officer Title: \_\_\_\_\_

Date: \_\_\_\_\_

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

Public Protection Cabinet  
Department of Charitable Gaming  
Division of Licensing & Compliance  
500 Metro Street 2NW24  
Frankfort, KY 40601  
e-mail: [dcg.info@ky.gov](mailto: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>