



CHARITABLE GAMING DISTRIBUTOR LICENSE APPLICATION

*A complete application must be **received at least 60 days** prior to the intended start of your license gaming or before the expiration of your current distributor license. Please ensure you **answer every question**, regardless of whether you are a first-time application or applying to renew an existing license, unless stated otherwise on the application.*

Notice: KRS 238.530(3) provides that no person who is licensed as a distributor shall be licensed as a manufacturer, and no person licensed as a manufacturer shall be licensed as a distributor.

GENERAL DISTRIBUTOR INFORMATION

1. Name of Applicant (Distributor): _____

☐

New Applicant

☐

Distributor License No. (if renewing): DIS-_____

2. Is the applicant organized as:
- ☐ Corporation
 - ☐ Partnership
 - ☐ Limited Liability Company
 - ☐ Sole Proprietorship
 - ☐ Other

If "Other," please explain the company's organizational structure in detail: _____

3. Street Address: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

County (if US-based): _____ Country: _____

Telephone: (____) _____ Fax: (____) _____

Email Address: _____ Website: _____

4. Federal Employer Tax Identification Number: _____

5. Date of Birth (if applicant is a natural person): _____

OFFICER INFORMATION

6. The following information is required 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 the applicant. Also note that physical addresses, **not P.O. box addresses**, must be provided for all officers.

Chief Executive Officer

Name: _____
 Date of Birth: _____
 Social Security Number: _____
 Home Address: _____
 City: _____
 State: _____ ZIP: _____
 Country: _____
 Telephone: () _____
 Email Address: _____

Chief Financial Officer

Name: _____
 Date of Birth: _____
 Social Security Number: _____
 Home Address: _____
 City: _____
 State: _____ ZIP: _____
 Country: _____
 Telephone: (859) _____
 Email Address: _____

7. The following information is required for officers of the applicant not listed in question 6 above:

Name: _____
 Officer's Title: _____
 Date of Birth: _____
 Social Security Number: _____
 Home Address: _____
 City: _____
 State: _____ ZIP: _____
 Country: _____
 Telephone: () _____
 Email Address: _____

Name: _____
 Officer's Title: _____
 Date of Birth: _____
 Social Security Number: _____
 Home Address: _____
 City: _____
 State: _____ ZIP: _____
 Country: _____
 Telephone: () _____
 Email Address: _____

Name: _____
 Officer's Title: _____
 Date of Birth: _____
 Social Security Number: _____
 Home Address: _____
 City: _____
 State: _____ ZIP: _____
 Country: _____
 Telephone: () _____
 Email Address: _____

Name: _____
 Officer's Title: _____
 Date of Birth: _____
 Social Security Number: _____
 Home Address: _____
 City: _____
 State: _____ ZIP: _____
 Country: _____
 Telephone: () _____
 Email Address: _____

Attach additional pages if necessary.

INDIVIDUALS WITH FINANCIAL INTEREST

8. The following information is required for **each individual who has a 10% or greater financial interest in the applicant**. Note: These individuals 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 the applicant. Also note that physical addresses, **not P.O. box addresses**, must be provided for all officers.

Name: _____
 Date of Birth: _____
 Social Security Number: _____

Home Address: _____
 City: _____
 State: _____ ZIP: _____
 Telephone: () _____
 Email Address: _____

Name: _____
 Date of Birth: _____
 Social Security Number: _____

Home Address: _____
 City: _____
 State: _____ ZIP: _____
 Telephone: () _____
 Email Address: _____

Attach additional pages if necessary.

MANAGEMENT

9. List all other persons with management responsibilities not listed above:

Name: _____
 Date of Birth: _____
 Social Security Number: _____

Home Address: _____
 City: _____
 State: _____ ZIP: _____
 Telephone: () _____
 Email Address: _____

Job title and regular job duties:

Name: _____
 Date of Birth: _____
 Social Security Number: _____

Home Address: _____
 City: _____
 State: _____ ZIP: _____
 Telephone: () _____
 Email Address: _____

Job title and regular job duties:

Attach additional pages if necessary.

MANUFACTURERS AND DISTRIBUTORS

11. Please list the names and locations of all licensed manufacturers and other distributors from which you currently, or plan to, purchase charitable gaming supplies and equipment:

Name: _____
KY License No. _____
City: _____ State: _____

Name: _____
KY License No. _____
City: _____ State: _____

Name: _____
KY License No. _____
City: _____ State: _____

Name: _____
KY License No. _____
City: _____ State: _____

Attach additional pages if necessary.

12. List all locations, both in and out of Kentucky, at which the applicant's charitable gaming supplies are received, distributed, or stored. (Note: Kentucky law requires a licensed distributor to maintain a storage facility within the Commonwealth of Kentucky.)

Street Address: _____
City: _____ State: _____
State/Territory: _____
Country: _____

Street Address: _____
City: _____ State: _____
State/Territory: _____
Country: _____

Attach additional pages if necessary.

REGISTERED AGENT

13. If the applicant is not a resident of the Commonwealth of Kentucky, provide the name and address of the applicant's registered agent in Kentucky. Provide a physical address, not a P.O. box.

Name: _____
Address: _____
City: _____
State: _____ ZIP: _____ Telephone: (____) _____

APPLICANT HISTORY

14. Is the applicant currently licensed or permitted to distribute charitable gaming supplies and equipment in any other state, territory, or country?

☐ Yes ☐ No

If "Yes," please list the state, territory, or country:

State/Territory/Country: _____

State/Territory/Country: _____

State/Territory/Country: _____

State/Territory/Country: _____

Attach additional pages, if necessary.

15. Has the applicant had its license revoked or denied or had any disciplinary action taken against it by regulatory authorities in Kentucky or any other jurisdiction?

☐ Yes ☐ No

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

16. Has the applicant or any individual identified in the response to questions 6, 7, or 8 of this application been indicted or convicted of a crime in federal court, the District of Columbia, or a court of any state or territory of the United States?

☐ Yes ☐ No

If "Yes," explain in detail: _____

SUPPLIES AND EQUIPMENT

17. Which charitable gaming supplies or equipment does your company plan to provide to licensed charitable gaming organizations in Kentucky?

- ☐ Bingo paper
- ☐ Bingo flash boards, blowers, and related equipment
- ☐ Charity game tickets ("pulltabs")
- ☐ Electronic bingo systems or card-minding devices
- ☐ Electronic pulltab systems
- ☐ Pulltab dispensers
- ☐ Supplies or equipment used for festival or carnival games
- ☐ Supplies or equipment used for special limited charitable games (e.g., casino games)

CERTIFICATION

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 true and correct to the best of my knowledge and belief. 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: _____

Printed Name: _____

Officer's Title: _____

Date: _____

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

**Kentucky Horse Racing & Gaming
Office of Charitable Gaming
4047 Iron Works Parkway
Lexington, KY 40511
Email: dcg.accounting@ky.gov
Fax: (502) 573-6625**

If you have questions or need assistance completing this application, please call the Licensing Branch at (502) 573-5528 or toll-free in Kentucky, (800) 729-5672.

Visit the Office's website at: dcg.ky.gov

Notice: Kentucky law requires licensees to notify the Office of Charitable Gaming in writing of any changes related to the information provided on this application within 30 days of the date the change occurred. KRS 238.525(6).