



## CHARITABLE GAMING FACILITY LICENSE APPLICATION

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

### GENERAL FACILITY INFORMATION

1. Name of Applicant: \_\_\_\_\_

New Applicant       Renewal Applicant, License No.: FAC-\_\_\_\_\_

2. Name of Facility (if different from name of applicant): \_\_\_\_\_

3. Applicant is organized as:       Corporation  
    Limited Liability Company  
    Partnership  
    Sole Proprietorship  
    Other

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

4. Federal Employer Tax Identification Number: \_\_\_\_\_

5. Applicant's Mailing Address:

Street/P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

6. Location of Facility (if different from address provided in question 5 above):

Street/P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**FACILITY DESCRIPTION**

- 7. What is the square footage of this facility? \_\_\_\_\_
- 8. What is the maximum occupancy of the facility? \_\_\_\_\_
- 9. Describe the parking available at the facility (estimated number of parking spaces or approximate area of parking lot): \_\_\_\_\_
- 10. Date on most recent certificate of occupancy date: \_\_\_\_\_  
Provide a copy of the certificate of occupancy for the building at which charitable gaming will be conducted.     Attached
- 11. Has this facility been certified to meet all applicable federal, state, and local code requirements relating to life, safety, and health?     Yes     No

**OFFICER INFORMATION**

- 12. 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 \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Chief Financial Officer**

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

- 14. The following information is required for officers of the applicant not listed in question 13 above:

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

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

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

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

*Attach additional pages if necessary.*

**INDIVIDUALS WITH FINANCIAL INTEREST IN THE FACILITY**

14. Provide following information is required for **each individual who has a 10% or greater financial interest in the applicant**. Notice: 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 these individuals.

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.*

**FACILITY EMPLOYEES AND CONTRACTEES**

15. Provide the following information for each employee or contractee of the applicant that manages or provides other authorized services, such as security, concessions, janitorial services, etc.:

Business Name: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ ZIP \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Individual is classified as a/an:  
 Employee, or  
 Contractee

Business Name: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ ZIP \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Individual is classified as a/an:  
 Employee, or  
 Contractee

Job title and regular job duties:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Job title and regular job duties:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Attach additional pages if necessary.*

## ORGANIZATIONS LEASING THE FACILITY

16. Provide the following information for each charitable organization that will be conducting charitable gaming at the facility:

(a) Organization: \_\_\_\_\_ Charitable Gaming License No. ORG \_\_\_\_\_

When will this organization be conducting charitable gaming in the facility?

Day of the Week	Session Beginning Time	Session Ending Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

(b) Organization: \_\_\_\_\_ Charitable Gaming License No. ORG \_\_\_\_\_

When will this organization be conducting charitable gaming in the facility?

Day of the Week	Session Beginning Time	Session Ending Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

*Attach additional pages if necessary.*

- 17. Attach a copy of a blank standard lease agreement used between the applicant facility and a charitable organization leasing the facility for charitable gaming activity.
- 18. Attach copies of each signed lease agreement between the applicant and each charitable organization listed in question 16 above.
- 19. Does the applicant own the building that will be used as a charitable gaming facility?  
 Yes                       No

If no, please attach a copy of the lease agreement between the applicant and the applicant's lessor, and provide the following information about the lessor.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Telephone: (    ) \_\_\_\_\_ County: \_\_\_\_\_

**APPLICANT HISTORY**

20. Is the applicant currently licensed or permitted to operate a charitable gaming facility in Kentucky or 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.*

21. 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

22. Has the applicant or any individual identified in the response to questions 12, 13, or 14 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CONFLICTS OF INTERESTS**

23. Is any owner, officer, employee, or member of the immediate family of the applicant currently licensed as a manufacturer or distributor of charitable gaming supplies in the Commonwealth of Kentucky? "Immediate family member" includes one's spouse, parents-in-law, parents, grandparents, children and their spouses, and siblings and their spouses. KRS 238.505(20).

Yes  No

If "Yes," explain the nature of the relationship: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

24. Is any affiliate of any owner, officer, employee, contractee, or member of the immediate family of the applicant currently licensed as a manufacturer or distributor of charitable gaming supplies in the Commonwealth of Kentucky? "Affiliate" means "any corporation, partnership, association, or other business or professional entity or any natural person that directly or indirectly, through one or more intermediaries, controls, or is controlled by, or is under common control with a licensed manufacturer, distributor, or charitable gaming facility[.]" KRS 238.505(21).

Yes  No

If "Yes," explain the nature of the relationship: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

25. Is any owner, officer, employee, or contractee of the applicant, or any affiliate or immediate family of the applicant, as those terms are defined above, involved with the conduct of charitable gaming for a licensed charitable organization that leases the applicant's facility?

Yes  No

If "Yes," explain the nature of the relationship: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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:

**Commonwealth of Kentucky  
Public Protection Cabinet  
Department of Charitable Gaming  
Division of Licensing & Compliance  
500 Mero Street 2NW24  
Frankfort, KY 40601  
Email: [dcg.info@ky.gov](mailto:dcg.info@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 Department's website at: [dcg.ky.gov](http://dcg.ky.gov)

*Notice: Kentucky law requires licensees to notify the Department 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).*