



## CHARITABLE GAMING ORGANIZATION LICENSE APPLICATION

A complete application must be **received at least 60 days** prior to the intended start of gaming or before the expiration of your current charitable gaming 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.

### QUALIFICATIONS FOR LICENSURE

1. (a) Does your organization have one of the following 501(c) tax-exempt designations from the Internal Revenue Service? (This also includes organizations that are covered by a group ruling.) Check which type of tax-exempt status your organization has and **attach a copy of the letter or legal document issued by the IRS granting your organization's tax-exempt status.**

☐ Yes ☐ No

If yes, under which section does your organization possess a tax-exempt status?

☐ 501(c)3 ☐ 501(c)4 ☐ 501(c)8 ☐ 501(c)10 ☐ 501(c)19

**OR**

(b) Is your organization organized within the Commonwealth of Kentucky as a common school, as defined in KRS 158.030 institution of higher learning, as defined in KRS 164A.305, or a state college or university, as defined in KRS 164.290? (*Note: this does not include organizations that are merely affiliated with a school, such as a PTO, PTA, or booster club.*)

☐ Yes ☐ No

If "Yes," which of the following describes your organization?

☐ Common School ☐ Institution of Higher Education ☐ State College or University

2. Has your organization been established and continuously operating within the Commonwealth of Kentucky for charitable purposes, other than the conduct of charitable gaming, for a period of three (3) years prior to submitting this application?

☐ Yes ☐ No

If "Yes," Month & Year of Establishment: \_\_\_\_\_

3. Has your organization operated for charitable purposes from an office or place of business in the Kentucky county where it proposes to conduct charitable gaming for at least one (1) year prior to submitting this application?

☐ Yes ☐ No

If "Yes," Month & Year of Establishment: \_\_\_\_\_ County: \_\_\_\_\_

**If your organization did not answer "Yes" to questions 1, 2, AND 3 above, your organization is not eligible for a Kentucky charitable gaming license.**

## CHARITABLE ORGANIZATION CONTACT INFORMATION

*Information provided in this section may be available to the public on the Office's website or through open records requests.*

4. If your organization is applying to renew an existing license, provide its current license number:  
ORG-000\_\_\_\_\_
5. Organization's Federal Employer Identification Number: \_\_\_\_\_
6. Organization's Contact Information:  
Organization's Name: \_\_\_\_\_  
Physical Address (Cannot be a P.O. box): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
Mailing Address (If different from physical location): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_
7. List other Kentucky counties in which your organization maintains an office or place of business:  
\_\_\_\_\_
8. List any other licensed charitable organizations that are operated from this physical location:  
\_\_\_\_\_  
\_\_\_\_\_

## ORGANIZATIONAL STRUCTURE

9. Provide a statement of the charitable purpose or purposes for which the organization was organized. If your organization is incorporated, you may instead provide a copy of its articles of incorporation.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Provide a statement explaining the organizational structure and management of the organization. If your organization is incorporated, you may instead provide a copy of the organizations' bylaws.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REASONABLE PROGRESS TOWARD CHARITABLE PURPOSE

11. Provide an explanation of how your organization has made reasonable progress toward accomplishing its charitable purpose. Kentucky law defines “reasonable progress” as “the regular and uninterrupted conduct of activities within the Commonwealth or the expenditure of funds within the Commonwealth to accomplish relief of poverty, advancement of education, protection of health, relief from disease, relief from suffering or distress, protection of the environment, conservation of wildlife, advancement of civic, governmental, or municipal purposes, or advancement of those purposes delineated in KRS 238.505(3).” Answer part (a), part (b), or both.

(a) Describe the activities your organization has conducted in Kentucky to accomplish its charitable purpose over the last three years.

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(b) Provide a list of your organization’s expenditures of funds in Kentucky to accomplish its charitable purpose. (Organizations applying to renew an existing charitable gaming license may skip this question and proceed to question 12.)

Type of Expenditure	Financial Year 20_ (One Year Prior)	Financial Year 20_ (Two Years Prior)	Financial Year 20_ (Three Years Prior)
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

## RENEWAL APPLICANTS: EXPENDITURE OF GAMING RECEIPTS

*This page is for **renewal applicants only**. Other applicants should skip this page and proceed to page 5.*

12. Organization's total net receipts from charitable gaming for the previous calendar year (Notice: This number should match the amount reported on Part 1 of your organization's CG-FIN annual financial reports or the total of your organization's four quarterly reports): \$\_\_\_\_\_
13. Provide a detailed accounting of the amount reported in question 12 above regarding your organization's expenditure of its net receipts derived from charitable gaming during the previous calendar year.

Expenditure	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

**Total Expenditures: \$**\_\_\_\_\_

14. If there is a discrepancy of greater than \$1,000.00 between the amount reported in response to question 12 and the amount of total expenditures in response to question 13, explain the discrepancy:

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## BINGO SESSIONS

**All charitable gaming activity must be date and time specific and listed on your organization's license. To avoid having to submit subsequent license change requests, provide dates and times of all your organization's anticipated charitable gaming activities. The Office charges a \$25 fee for each change request after the application is approved.**

15. Does your organization plan to conduct bingo?

☐ Yes

☐ No (If "No," proceed to question 19).

16. How frequently does your organization plan to conduct bingo sessions?

☐ Weekly

☐ Bi-Weekly

☐ Other: If your organization plans to conduct bingo sessions on a schedule other than on a weekly or biweekly basis, attach a copy of your planned bingo schedule, including a list of other charitable gaming activity you plan to conduct during these sessions.

17. Bingo Session Schedule and Charitable Gaming Activities:

If your organization plans to conduct weekly bingo sessions, on which day of the week will the session be held? Or, if your organization is conducting biweekly bingo sessions, on which day of the week will the first session be held? (Notice: Sessions may not exceed five consecutive hours or ten total hours per week. KRS 238.545(1).)

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Beginning Time:  AM  PM

Ending Time:  AM  PM

If your organization will conduct paper pulltab sales, electronic pulltab sales, raffles, or non-cash prize wheels during this bingo session, note the beginning and ending times for each:

Activity	Start Time	End Time
Raffle		
Non-Cash Prize Wheel		
Paper Pulltabs		
Electronic Pulltabs		

If your organization plans to conduct biweekly bingo sessions, which day of the week will the second session be held? (Notice: In the conduct of bingo, an organization's total prize payout may not exceed \$5,000 in any 24-hour period. KRS 238.545(1).)

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Beginning Time:  AM  PM

Ending Time:  AM  PM

Activity	Start Time	End Time
Raffle		
Non-Cash Prize Wheel		
Paper Pulltabs		
Electronic Pulltabs		

18. Location of Bingo Sessions: (Notice: Organizations may not conduct bingo at more than one location in the same 24-hour period. KRS 238.545(1)(a)1. If your organization plans to conduct bingo sessions at two locations, provide the information below for the second location on a separate sheet).

Facility: \_\_\_\_\_ License No. (if any): FAC-0000

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Facility Contact Person: \_\_\_\_\_

## PULLTABS

19. Does your organization plan to conduct charitable gaming with paper or electronic pulltabs other than at its bingo session?

☐

Yes

☐

No (If "No," proceed to question 22).

20. Using the chart below, list the dates and times that your organization plans to sell paper and electronic pulltabs:

Paper Pulltabs			Electronic Pulltabs		
Day	Start Time	End Time	Day	Start Time	End Time
Sunday			Sunday		
Monday			Monday		
Tuesday			Tuesday		
Wednesday			Wednesday		
Thursday			Thursday		
Friday			Friday		
Saturday			Saturday		

21. Location of Pulltab Sales:

Facility Name: \_\_\_\_\_ Facility License No. (if any): FAC-000

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Facility Contact Person: \_\_\_\_\_

*If your organization plans to conduct charitable gaming with pulltabs other than at the locations listed in response to question 17 and question 20, provide the locations, dates, and times of that pulltab gaming on a separate sheet.*

# RAFFLES

- ☐ Yes ☐ No (If "No," proceed to question 25).

- Telephone: (       ) \_\_\_\_\_ Facility Contact Person: \_\_\_\_\_

- [illegible]

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## NON-CASH PRIZE WHEELS

25. Does your organization plan to conduct non-cash prize wheels other than at a bingo session?

- ☐ Yes  
☐ No (If "No," proceed to question 28).

26. Location of Non-Cash Prize Wheel Gaming:

Facility Name: \_\_\_\_\_ Facility License No. (if any): FAC-000

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Facility Contact Person: \_\_\_\_\_

27. List the dates and times of your organization's non-cash prize wheel activities that will not take place during a bingo session on the chart below. If your organization plans to conduct regularly occurring weekly non-cash prize wheel activities, you may provide the day of the week rather than a specific date.

Date or Day of the Week	Start Time	End Time

*If your organization plans to conduct non-cash prize wheel gaming other than at the locations listed in response to question 17 and question 26, provide the locations, dates, and times of those activities on a separate sheet.*

## CHARITY FUNDRAISING EVENTS

28. Does your organization plan to conduct a charity fundraising event(s) or special limited charity fundraising event(s)? If "Yes," please complete and submit a Form CG-APP-ORG-CFE.

- ☐ Yes  
☐ No

## CEO/CFO INFORMATION

*The CEO and CFO are subject to a criminal history background check, which may require fingerprinting. If needed, additional information will be forwarded to you.*

29. Chief Executive Officer: (director of the organization or the person who has legal authority to direct the management of the organization with respect to the conduct of charitable gaming)

Name: \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

Home Address (cannot be a P.O. box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

30. Chief Financial Officer: (the person who is responsible for overseeing the financial activities of the organization the custodian of the charitable gaming session records; and responsible for ensuring that all records are accurate, complete, and maintained)

Name: \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

Home Address (cannot be a P.O. box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

## OTHER OFFICER INFORMATION

*Provide the following information for all **other officers not listed in question 29 or 30 above**. All elected or appointed officers must be listed, and the list must be in accordance with the organizational structure or bylaws. Pursuant to KRS 238.535(13)(f), in applying for a license, the information to be submitted shall include but not be limited to the names, addresses, dates of birth, and Social Security numbers of all officers of the organization.*

31. The following information is required for officers of the applicant not listed in question 29 or 30 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: \_\_\_\_\_

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: \_\_\_\_\_

*If your organization has more than eight officers, provide the information requested in question 31 for these officers on a separate page.*

## CHARITABLE GAMING CHAIRPERSON INFORMATION

*"Chairperson" means any officer, member, or employee of a licensed charitable organization who will be involved in the management and supervision of charitable gaming. **In addition to the CEO, your organization must appoint at least two individuals who are officers, members, or employees of the organization as chairpersons.***

*Chairpersons are subject to a criminal history background check, which may require fingerprinting. If needed, additional information will be forwarded to you.*

*Pursuant to KRS 238.535(13)(g), in applying for a license, the information to be submitted shall include but not be limited to the names, addresses, dates of birth, and Social Security numbers of all employees and members of the organization who will be involved in the management and supervision of charitable gaming.*

32. Provide the following information for the chairpersons of your organizations.

(a) Name: \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_

☐ Officer ☐ Member ☐ Employee

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

(b) Name: \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_

☐ Officer ☐ Member ☐ Employee

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

(c) Name: \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_

☐ Officer ☐ Member ☐ Employee

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

*If your organization has more than three chairpersons, provide the information requested in question 32 for these chairpersons on a separate page.*

## DISTRIBUTOR INFORMATION

33. List the licensed distributors from which your organization will purchase charitable gaming supplies and equipment. (Note: Kentucky law requires licensed charitable gaming organizations to purchase charitable gaming supplies and equipment only from a licensed distributor. KRS 238.530).

(a)	_____	DIS000_____
	Distributor Name	Kentucky Distributor License Number
(b)	_____	DIS000_____
	Distributor Name	Kentucky Distributor License Number
(c)	_____	DIS000_____
	Distributor Name	Kentucky Distributor License Number

## DISTRIBUTIONS FROM SPECIAL EVENT RAFFLE

34. Will your charitable organization receive distributions from organizations holding a special event raffle license pursuant to KRS 238.535(14)(b)?

☐ Yes

☐ No (If "No," proceed to page 13).

35. If "Yes," list the special event raffle licensee's name and its charitable gaming special event raffle license number below.

(a)	_____	SER000_____
	Name of Organization	KY Special Event Raffle License No.
(b)	_____	SER000_____
	Name of Organization	KY Special Event Raffle License No.
(c)	_____	SER000_____
	Name of Organization	KY Special Event Raffle License No.

## CERTIFICATION

*This page must be **completed and signed by an officer** of the organization:*

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 certify that the applicant agrees to comply with all applicable laws and administrative regulations regarding charitable gaming in the Commonwealth of Kentucky. I further agree that the charitable organization's records may be released by the Federal Internal Revenue Service to the Office.

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

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](mailto:dcg.accounting@ky.gov)  
Fax: (502) 573-6625**

If you have questions 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](http://dcg.ky.gov)

**Applicant Checklist:** Before submitting the application, make sure you have:

- Answered all questions;
- Enclosed payment of the \$25 application fee;
- Enclosed a copy of proof of the organization's tax exempt status, if applicable; and
- Enclosed all other necessary attachments, if applicable.

**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).