



SPECIAL EVENT RAFFLE LICENSE APPLICATION

Notice: A special event raffle license application is only available to organizations with a 501(c)(7) tax exempt status that plan to conduct raffles to benefit other charities that are licensed to conduct charitable gaming. See KRS 238.535(14)(b) for additional requirements of a special event raffle license holder.

*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.*

QUALIFICATIONS FOR LICENSURE

1. Does your organization have a 501(c)(7) tax-exempt designation from the Internal Revenue Service? (This also includes organizations that are covered by a group ruling.) **Attach a copy of the letter or legal document issued by the IRS granting your organization's tax-exempt status.**

Yes No

If you answered "No," then your organization is not eligible for a special event raffle license.

CHARITABLE ORGANIZATION CONTACT INFORMATION

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

2. Special Event Raffle License Number (if your organization is applying to renew its license):
SER-000_____
3. 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: _____ Website URL (optional): _____
Telephone: (____) _____
4. Organization's Federal Employer Identification Number: _____
5. When was your organization established in the Commonwealth of Kentucky? _____
6. When was your organization established in the county or counties in which you plan to conduct charitable gaming? _____

ORGANIZATIONAL STRUCTURE

7. 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.

8. 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.

9. 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 criminal history background check, which may require fingerprinting. Additional information relating to the procedures for the background checks will be forwarded to the applicant if necessary. Also note that physical addresses, **not P.O. box addresses**, must be provided for all officers. Additionally, organizations must designate **at least two chairpersons** in addition to the CEO. "Chairperson" means "any officer, member, or employee of a licensed charitable organization who will be involved in the management and supervision of charitable gaming." Chairpersons are subject to a state and FBI criminal history check, which may require fingerprinting. If needed, additional information will be forwarded to you.

Chief Executive Officer

Name: _____
 Date of Birth: _____
 Social Security Number: _____
 Home Address: _____
 City: _____
 State: _____ ZIP: _____
 Telephone: (____) _____
 Email Address: _____
 Chairperson: Yes No

Chief Financial Officer

Name: _____
 Date of Birth: _____
 Social Security Number: _____
 Home Address: _____
 City: _____
 State: _____ ZIP: _____
 Telephone: (____) _____
 Email Address: _____
 Chairperson: Yes No

10. The following information is required for **officers** of the applicant not listed in question 9 above:

Name: _____
 Officer's Title: _____
 Date of Birth: _____
 Social Security Number: _____
 Home Address: _____
 City: _____
 State: _____ ZIP: _____
 Telephone: (____) _____
 Email Address: _____
 Chairperson Yes No

Name: _____
 Officer's Title: _____
 Date of Birth: _____
 Social Security Number: _____
 Home Address: _____
 City: _____
 State: _____ ZIP: _____
 Telephone: (____) _____
 Email Address: _____
 Chairperson Yes No

Attach additional pages if your organization has additional officers.

11. The following information is required for **all employees and members of the organization who will be involved in the management of the applicant** not listed in question 9 or 10 above.

Name: _____
Title: _____
Date of Birth: _____
Social Security Number: _____
Home Address: _____
City: _____
State: _____ ZIP: _____
Telephone: (____) _____
Email Address: _____
Chairperson: Yes No

Name: _____
Title: _____
Date of Birth: _____
Social Security Number: _____
Home Address: _____
City: _____
State: _____ ZIP: _____
Telephone: (____) _____
Email Address: _____
Chairperson: Yes No

Name: _____
Title: _____
Date of Birth: _____
Social Security Number: _____
Home Address: _____
City: _____
State: _____ ZIP: _____
Telephone: (____) _____
Email Address: _____
Chairperson: Yes No

Name: _____
Title: _____
Date of Birth: _____
Social Security Number: _____
Home Address: _____
City: _____
State: _____ ZIP: _____
Telephone: (____) _____
Email Address: _____
Chairperson: Yes No

Name: _____
Title: _____
Date of Birth: _____
Social Security Number: _____
Home Address: _____
City: _____
State: _____ ZIP: _____
Telephone: (____) _____
Email Address: _____
Chairperson: Yes No

Name: _____
Title: _____
Date of Birth: _____
Social Security Number: _____
Home Address: _____
City: _____
State: _____ ZIP: _____
Telephone: (____) _____
Email Address: _____
Chairperson: Yes No

Name: _____
Title: _____
Date of Birth: _____
Social Security Number: _____
Home Address: _____
City: _____
State: _____ ZIP: _____
Telephone: (____) _____
Email Address: _____
Chairperson: Yes No

Name: _____
Title: _____
Date of Birth: _____
Social Security Number: _____
Home Address: _____
City: _____
State: _____ ZIP: _____
Telephone: (____) _____
Email Address: _____
Chairperson: Yes No

Attach additional pages if necessary.

RAFFLES

12. Does your organization plan to conduct its raffle drawings on the organization's premises?
 Yes No

13. If "Yes," proceed to question 25. If "No," provide the following information about the location at which the raffle drawings will be conducted.

Location of Raffle Drawings:

Facility Name FAC-000
License Number (if applicable)

Street Address

City State ZIP Code

County () Telephone Facility Contact Person

14. Provide the following information for each raffle drawing to be conducted at this location:

Raffle Drawings at This Location		
Date	Start Time	End Time

If your organization plans to conduct raffle drawings other than at the location listed, provide the locations, dates, and times of those raffle drawings on a separate page.

Notice: Special event raffle licensees are limited to conducting a maximum of 12 raffles per year.

DISTRIBUTIONS TO LICENSED CHARITABLE ORGANIZATIONS

15. List all licensed charitable organizations that will receive the net receipts of your special event raffles pursuant to KRS 238.535(14)(b):

_____	ORG000_____
Name of Organization	Kentucky Charitable Gaming License No.
_____	ORG000_____
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_____	ORG000_____
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_____	ORG000_____
Name of Organization	Kentucky Charitable Gaming 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.

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:

**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
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

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 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).