

## Organization Grossing Under \$25,000 Application for Exemption

**A COMPLETE FORM MUST BE RECEIVED AT LEAST THIRTY (30) DAYS PRIOR TO THE INTENDED START OF YOUR GAMING.**

Complete this Form ONLY if the organization intends to play bingo, have a raffle, or a charity fundraising event (fair, festival, or carnival) and the gross receipts from gaming do not exceed \$25,000 in a calendar year. KRS 238.535(1). **DO NOT complete this form if the organization intends on having a Special Limited Charity Fundraising Event or playing pulltabs.**

### ORGANIZATION INFORMATION

\* Information provided in this section may be available to the public on the Department's website.

1. Organization name: \_\_\_\_\_
  
2. Organization address:  
Mailing address: \_\_\_\_\_  
Office Location (PO Box is not acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail address: \_\_\_\_\_
  
3. Does your organization have offices in any other county(ies) in Kentucky? Yes \_\_\_\_\_ No \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
Office Location (PO Box is not acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
Telephone: \_\_\_\_\_



**CEO/CFO INFORMATION**

4.

**Chief Executive Officer**

**Chief Financial Officer**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

DOB / / SSN

DOB / / SSN

Mailing Address

Mailing Address

Home Street Address/PO Box

Home Street Address/PO Box

City State

City State

County Zip Code

County Zip Code

( ) ( ) ( )  
Office Phone: Cell Phone: Home Phone:

( ) ( ) ( )  
Office Phone: Cell Phone: Home Phone:

Email address

Email address

Home Street Address  
(If different from above)

Home Street Address  
(If different from above)

Street

Street

City State

City State

County Zip Code

County Zip Code

## GENERAL INFORMATION

5a. Has your organization ever been issued a charitable gaming license by the Department of Charitable Gaming?

Yes or  No

If "YES", what was the license number? ORG- \_\_\_\_\_

5b. Have you previously been issued an exemption acknowledgement?

Yes or  No

If "YES", what was the exemption number? EXE #: \_\_\_\_\_

6. Date the organization was established in the Commonwealth of Kentucky? If the organization has not been established and continuously operating in the Commonwealth of Kentucky for at least three (3) years, your organization is ineligible for a Charitable Gaming license until they have met that requirement.

Month: \_\_\_\_\_ Year: \_\_\_\_\_

7a. County where charitable gaming is to be conducted: \_\_\_\_\_

7b. Date the organization was established in the county where charitable gaming will be conducted?

Month: \_\_\_\_\_ Year: \_\_\_\_\_

7c. Has the applicant maintained an office or place of business, other than for the conduct of charitable gaming, for a minimum of one (1) year in the county where charitable gaming is to be conducted?

Yes or  No

8a. Has the applicant been granted tax-exempt status by the Internal Revenue Service?

Yes or  No

If "yes", please provide a copy of the federal 501(c) designation from the Internal Revenue Service.

8b. Is applicant organized within the Commonwealth of Kentucky as a common school as defined in KRS 158.030(1), as an institution of higher education as defined in KRS 164A.305, or as a state college or university as provided for in KRS 164.290? Pursuant to KRS 158.030, "Common school" means an elementary or secondary school of the state supported in whole or in part by public taxation. (NOTE: Does not include PTA, PTO or Boosters)

Yes or  No

***If you have answered "No," to both 8a and 8b above, your organization is currently ineligible to conduct charitable gaming in the Commonwealth – DO NOT CONTINUE FURTHER WITH THIS APPLICATION.***

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

## ORGANIZATION REVENUES/EXPENDITURES

10a. Provide details below of how the organization made money. Please specify the dollar amounts and give a description of the product. Examples include: dues, grants, donations, fundraisers, sales, etc. Please do not provide lump sum figures. Provide this information for the last three (3) calendar years.

TYPE OF REVENUE	AMOUNT 1 YEAR PRIOR YEAR _____	AMOUNT 2 YEARS PRIOR YEAR _____	AMOUNT 3 YEARS PRIOR YEAR _____
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

10b. Provide details below of how the organization spent money toward its charitable purpose. Examples include: personnel expenses, mortgage or bonding payments, office equipment, supplies, utilities, scholarships, donations, etc. Please do not provide lump sum figures. Provide this information for the last three (3) calendar years.

TYPE OF EXPENDITURE	AMOUNT 1 YEAR PRIOR YEAR _____	AMOUNT 2 YEARS PRIOR YEAR _____	AMOUNT 3 YEARS PRIOR YEAR _____
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

10c. Please give a brief description on how your organization furthered its charitable purpose during the previous year(s). (Examples include: scholarships, medical assistance, volunteer hours, etc.)

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## GAMING INFORMATION

11. **Type of Charitable games to be conducted:**

- Bingo  
 Raffle(s)  
 Non-Cash wheel games (prize does not exceed \$100)  
 Charity fundraising events

12a. **Expected frequency charitable gaming will be conducted:**

- Daily  
 Quarterly  
 Twice Weekly  
 Semi-annually  
 Weekly  
 Annually  
 Monthly  
 Other (describe) \_\_\_\_\_

12b. **Please list the location of the premises where charitable gaming activities will be conducted by your organization:**

Name of Building: \_\_\_\_\_

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

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

County: \_\_\_\_\_

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

12c. **Do you own the premises where the charitable gaming will be conducted?**

- Yes or  No

If "NO", please submit a copy of the signed lease agreement or statement of understanding between the organization and the owner of the premises listed in 12b.

13. **What are the projected annual gross receipts from the gaming activities you plan to conduct?**  
\$ \_\_\_\_\_

## DISTRIBUTOR INFORMATION

14. **Distributor(s) applicant will use for charitable gaming equipment or supplies (not required if only conducting raffles)**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

KY License Number: DIS - \_\_\_\_\_ KY License Number: DIS - \_\_\_\_\_

**TO KEEP THE EXEMPTION IN EFFECT THE ORGANIZATION MUST FILE AN ANNUAL FINANCIAL REPORT FOR EXEMPT ORGANIZATIONS BY JANUARY 31<sup>ST</sup>. YOU MAY OBTAIN THE ANNUAL FINANCIAL REPORT FOR EXEMPT ORGANIZATIONS FORM FROM THE WEBSITE, <http://www.dcg.ky.gov>.**

Pursuant to KRS 238.525(6), the organization shall notify the Department of Charitable Gaming, in writing, of any change in the information provided in response to questions 1-14 within thirty (30) days of the date the change occurred.

**CERTIFICATION**

I certify, under penalty of perjury, that I am an officer authorized by the organization to submit this notice of exemption from charitable gaming licensure requirements and that I have examined this notice of exemption, including accompanying materials, and all information submitted is, to the best of my knowledge and belief, true and correct. I further certify that the organization 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 CG-Exempt (including all required attachments), along with \$25 fee made payable to "Kentucky State Treasurer" to:

Public Protection Cabinet  
Department of Charitable Gaming  
Division of Licensing & Compliance  
500 Mero Street 2NW24  
Frankfort, KY 40601  
e-mail: [dcginfo@ky.gov](mailto:dcginfo@ky.gov)  
fax: (502) 573-6625

If you need assistance completing this form, 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>