



## NOTICE OF CHANGE IN OFFICERS OR CHAIRPERSON

Licensed charitable organizations must notify the Office of changes to officers and chairpersons within 30 days of the date the change occurred. KRS 238.525(6).

1. Name of Charitable Organization: \_\_\_\_\_ License No: ORG \_\_\_\_\_

### ADDITIONAL OFFICERS & CHAIRPERSONS

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.

“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.

2. If your organization is notifying the Office of the addition of a **new officer or officers**, provide the following information for each officer. These officers are subject to a state criminal history background check and may be subject to a national criminal history check, which may require fingerprinting. If fingerprinting is required, the Office will forward additional information to the applicant.

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

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

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

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

If your organization needs to add more than four additional officers, provide the information requested in question 2 for each officer on a separate sheet.

3. If your organization is notifying the Office of the addition of a **new chairperson or chairpersons**, provide the following information for each chairperson. These chairpersons are subject to a state criminal history background check and may be subject to a national criminal history check, which may require fingerprinting. If fingerprinting is required, the Office will forward additional information to the applicant.

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

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

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

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

*If your organization needs to add more than two additional chairpersons, provide the information requested in question 2 for each chairperson on a separate sheet.*

## REMOVAL OF OFFICERS & CHAIRPERSONS

4. If your organizations is notifying the Office of the removal of an officer or chairperson, provide the following information. Notice: A licensed charitable organization must maintain at least two chairpersons, in addition to the CEO, at all times it is licensed:

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

Remove as: ☐ Officer ☐ Chairperson

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

Remove as: ☐ Officer ☐ Chairperson

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

Remove as: ☐ Officer ☐ Chairperson

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

Remove as: ☐ Officer ☐ Chairperson

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

Remove as: ☐ Officer ☐ Chairperson

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

Remove as: ☐ Officer ☐ Chairperson

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

Remove as: ☐ Officer ☐ Chairperson

## 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:

**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 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](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).