

SPECIAL EVENT RAFFLE 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 LICENSE.

GENERAL ORGANIZATION INFORMATION

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

1. Organization's Federal Employer Identification No. _____ Expiration date: _____

2. Organization's Name: _____ SER- _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: (____) _____

Email Address: _____ Web Address: _____

3. Organization's Physical Location: _____

City: _____ County: _____ State: _____ Zip Code: _____

Telephone: (____) _____

Name of any other businesses or charitable organizations that are operated from that location:

4. Does your organization have offices in any other county in Kentucky? Yes _____ No _____

If "Yes," please provide the following for each office (attach additional pages, if necessary).

Physical Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Telephone: (____) _____

Date organization was established in the county: _____

Name of any other businesses or charitable organizations that are operated from that location:



ORGANIZATIONAL STRUCTURE

5a. Does your organization have a 501(c)(7) designation from the Internal Revenue Service?

Yes _____ No _____

If 'Yes', attach a copy of the letter or legal document issued by the IRS granting tax-exempt status.

If you have answered 'No,' your organization is currently ineligible for a Special Event Raffle Charitable Gaming License – DO NOT CONTINUE FURTHER WITH THIS APPLICATION.

6. What date was the organization established in Kentucky?

_____ (month) _____ (year)

7a. County in which charitable gaming will be conducted: _____

7b. Date office was established in the county in which charitable gaming will be conducted:

_____ (month) _____ (year)

8. Provide a copy of the organization's *Articles of Incorporation*, or if the organization is not currently incorporated or the statement of purpose is not outlined within the *Articles*, provide a statement of the purpose(s) for which the organization was established:

Statement of Purpose defined below: _____

Articles of Incorporation attached or are on file: _____

9. Provide a copy of the organization's *Bylaws*, or if the organization does not have *Bylaws*, or the organizational structure and management is not outlined in the *Bylaws*, provide a statement describing the organizational structure and management:

Statement of Organizational Structure and Management defined below: _____

Bylaws attached or are on file: _____

GAMING INFORMATION

****Please note: All gaming activity must be date and time specific. Failure to list specific day(s) and time(s) for all gaming activity will require the organization to notify the department and request a permanent change. The fee for each change request is \$25.00.**

10. Does your organization wish to conduct raffles?

Yes No

If yes, please indicate below (not to exceed twelve raffles in one year).

Monthly Quarterly Annually Semi-Annually Other _____

For each raffle, please provide the following information:

Day of the week/Date raffle drawing will occur: _____

Time of drawing: _____ am pm

Location that raffle drawing will occur: _____

Name of Building (also include the commonly used name of the building) _____ FAC-
KY License Number _____

Street Address _____

City _____ State _____ Zip Code _____

County _____ Telephone (_____) _____ Facility contact person at this location _____

Does the Organization own this facility? Yes _____ No _____

If 'No,' please provide a signed lease agreement.

(Attach additional pages if necessary.)

CEO/CFO INFORMATION

11.

Chief Executive Officer

The director of the organization or the person who has legal authority to direct the management of the organization

Name: _____

Title: _____

DOB / / SSN . .

Home Mailing Address

Street Address/PO Box

City State

County Zip Code

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

Email Address: _____

Home Physical Address
(If different from above)

Street Address

City State

County Zip Code

Chief Financial Officer

The person who is responsible for overseeing the financial activities of the organization; the custodian of the gaming session records; and responsible for ensuring that all records are accurate, complete, and maintained.

Name: _____

Title: _____

DOB / / SSN . .

Home Mailing Address

Street Address/PO Box

City State

County Zip Code

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

Email Address: _____

Home Physical Address
(If different from above)

Street Address

City State

County Zip Code

NOTE: THE ABOVE-LISTED OFFICERS ARE SUBJECT TO A STATE AND FBI CRIMINAL HISTORY CHECK WHICH MAY REQUIRE FINGERPRINTING. IF NEEDED, ADDITIONAL INFORMATION WILL BE FORWARDED TO YOU.

PURSUANT TO KRS 238.535(14)(c), 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.

OTHER OFFICER INFORMATION

12. Provide the following information for all other Officers not listed in *Question 16* above. All elected or appointed officers must be listed and the list must be in accordance with the organizational structure or *Bylaws*.

Name: _____

Title: _____

DOB / / SSN - -

Home Mailing Address

Street Address/PO Box

City State

County Zip Code

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

Email Address: _____

Home Physical Address
(If different from above)

Street Address

City State

County Zip Code

Name: _____

Title: _____

DOB / / SSN - -

Home Mailing Address

Street Address/PO Box

City State

County Zip Code

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

Email Address: _____

Home Physical Address
(If different from above)

Street Address

City State

County Zip Code

(Continued)

Name: _____

Name: _____

Title: _____

Title: _____

DOB / / SSN - -

DOB / / SSN - -

Home Mailing Address

Home Mailing Address

Street Address/PO Box

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 Physical Address
(If different from above)

Home Physical Address
(If different from above)

Street Address

Street Address

City State

City State

County Zip Code

County Zip Code

(Attach additional pages if necessary.)

EMPLOYEES, MEMBERS, AND GAMING CHAIRPERSON INFORMATION

NOTE: CHAIRPERSONS ARE SUBJECT TO A STATE AND/OR FBI CRIMINAL HISTORY CHECK WHICH MAY REQUIRE FINGERPRINTING.

13. **Provide the following information for all employees and members of the organization *who will be involved in the management and supervision of charitable gaming*. You must designate at least two (2) individuals, other than the Chief Executive Officer of the organization, as chairpersons. The gaming chairpersons must be members, officers, or employees as described in the Bylaws of the organization. Please check the "chairperson" box for all employees or members who will be a chairperson.**

Name: _____

Employee Member Chairperson

If **employee**, please provide the job title or position held and describe regular job duties:

DOB / / SSN - -

Home Mailing Address

Street Address/PO Box

City State

County Zip Code

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

Email Address: _____

Home Physical Address
 (If different from above)

Street Address

City State

County Zip Code

Name: _____

Employee Member Chairperson

If **employee**, please provide the job title or position held and describe regular job duties:

DOB / / SSN - -

Home Mailing Address

Street Address/PO Box

City State

County Zip Code

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

Email Address: _____

Home Physical Address
 (If different from above)

Street Address

City State

County Zip Code

(Continued)

Name: _____

Employee Member Chairperson

If **employee**, please provide the job title or position held and describe regular job duties:

DOB / / SSN . -

Home Mailing Address

Street Address/PO Box

City State

County Zip Code

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

Email Address: _____

Home Physical Address
(If different from above)

Street Address

City State

County Zip Code

Name: _____

Employee Member Chairperson

If **employee**, please provide the job title or position held and describe regular job duties:

DOB / / SSN . -

Home Mailing Address

Street Address/PO Box

City State

County Zip Code

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

Email Address: _____

Home Physical Address
(If different from above)

Street Address

City State

County Zip Code

(Attach additional pages, if necessary.)

PURSUANT TO KRS 238.535(14)(c), 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.

DISTRIBUTIONS TO LICENSED CHARITABLE ORGANIZATIONS

14. List all of the licensed charitable organizations which will receive distributions from your organization pursuant to KRS 238.535(14)(b)?

Licensed Charitable Organization Name

ORG -
KY License Number

Licensed Charitable Organization Name

ORG -
KY License Number

Licensed Charitable Organization Name

ORG -
KY License Number

Licensed Charitable Organization Name

ORG -
KY License Number

PURSUANT TO KRS 238.525(6), YOU MUST NOTIFY THE DEPARTMENT OF CHARITABLE GAMING, IN WRITING, OF ANY CHANGE IN THE INFORMATION PROVIDED IN THIS APPLICATION WITHIN THIRTY (30) DAYS OF THE DATE THE CHANGE OCCURRED.

CERTIFICATION (BY AN OFFICER)

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: _____

Print name: _____

Title: _____

Date: _____

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 need assistance completing this application, 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>

Applicant Checklist

Before submitting the application, make sure you have:

- Attached lease (if applicable)
- Enclosed \$25 fee
- All blanks are completed
- Enclosed evidence of tax-exempt status

YOUR APPLICATION WILL NOT BE PROCESSED UNTIL PAYMENT IS RECEIVED AND ALL INFORMATION IS COMPLETE.