

# Renewing Your Charitable Gaming License for Manufacturers and Distributors

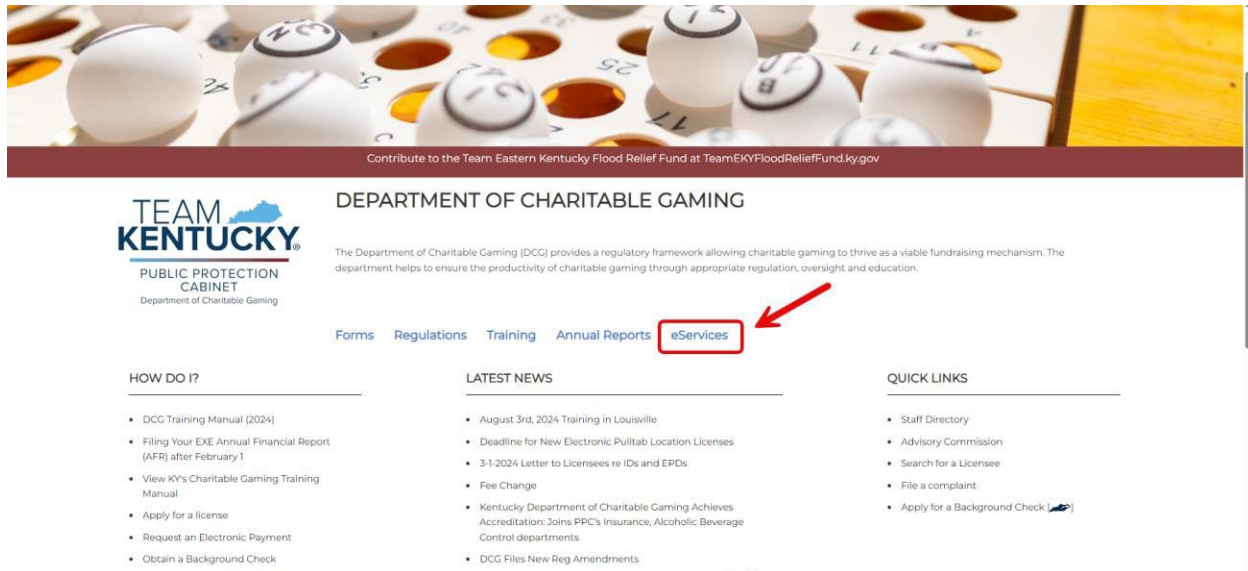


***KENTUCKY HORSE RACING & GAMING***

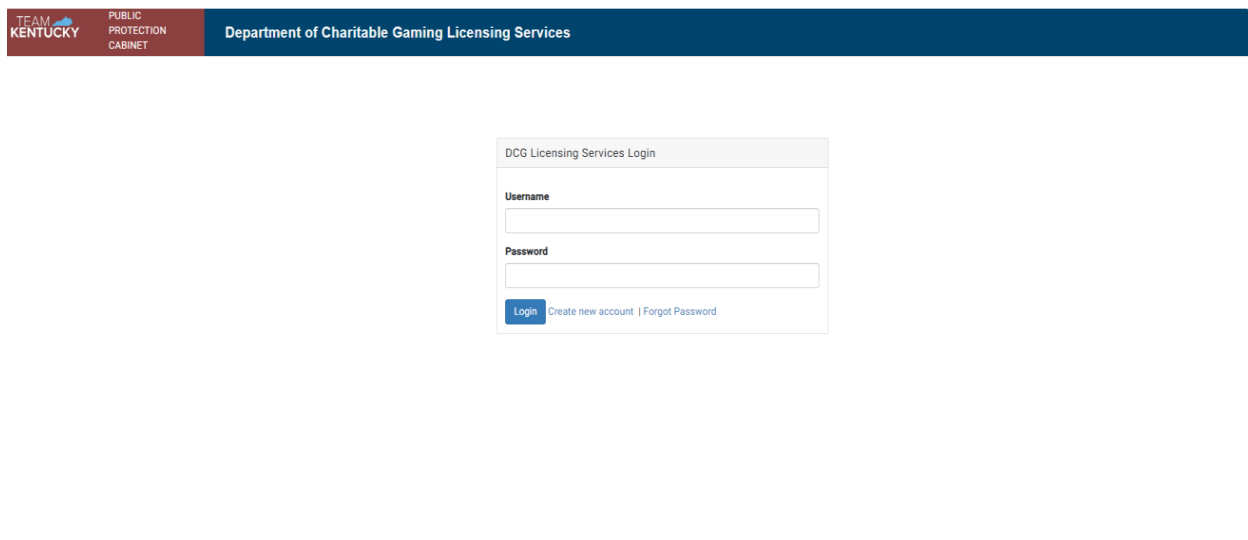
Kentucky's Safe Bet

## Using eServices to Renew a MAN or DIS license.

1. To access the Department of Charitable Gaming eServices portal, go to the website, [DEPARTMENT OF CHARITABLE GAMING \(ky.gov\)](https://www.dcg.ky.gov)



2. Input the assigned Username and Password that was sent via email. You can change the password after this initial login.



3. Select License Renewal. (**Change Password** is located in the upper right-hand corner.)

4. Select the license to be renewed and click **Submit**.

5. This is the new online Charitable Gaming License Application, CG-APP-MAN or CG-APP-DIS, that can be used for renewing a gaming license. Some of the data fields will automatically be pre-loaded with current licensing data. Review all data fields to ensure accurate information.

6. You can edit existing data by clicking the yellow **Edit** icon at the end of the row of data. You can delete old data by clicking the yellow **Remove** icon at the end of the row of data. When adding new data, be sure to click the **Add** button in order to save the data. Click **Next** to advance to through the application.

7. Continue to review and update all data on the CG-APP-MAN or CG-APP-DIS application. A prompt window will appear if there is missing data or required data. The system will not allow you to advance to the next page until the error has been corrected. You may be required to **Add** new data before you can **Remove** outdated data.

6. 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 state and FBI criminal history background check, and fingerprinting will be required. Additional information relating to the procedures for the background checks will be forwarded to the applicant. Also note that physical addresses, **not P.O. box addresses**, must be provided for all officers.

Officer's Type

First Name  Middle Name  Last Name

Date Of Birth  Home Address  Country

Zip Code  State  City

Social Security Number  E-Mail Address

**Add** \*You must click Add button to save the data below

Sr. No	Officer's Title	First Name	Middle Name	Last Name	DOB	SSN	Home Address	Country	City	State	Zipcode	Phone	Email
1	CEO	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8. The last page of the online application will be the **Certification** page. Your electronic signature will be entered here. Click **Review and Submit** in the lower right-hand corner.

**CERTIFICATION**

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 accompanying materials, and all information submitted is true and correct to the best of my knowledge and belief. 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\*

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](http://dcg.ky.gov)

**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).

9. A **Review and Submit** page will appear with all the data that was entered into the renewal application. Verify that all data is correct and once confirmed, click **Review and Submit** again.

The screenshot shows the 'REVIEW AND SUBMIT' page for a Charitable Gaming Distributor License Application. The header includes the 'TEAM KENTUCKY PUBLIC PROTECTION CABINET' logo and the 'Department of Charitable Gaming Licensing Services' name. Navigation links for 'Change Password' and 'Log out' are present. The page title is 'CHARITABLE GAMING DISTRIBUTOR LICENSE APPLICATION' with a prominent yellow 'REVIEW AND SUBMIT' button. Below the title, there is a notice: 'A complete application must be received at least 60 days prior to the intended start of your license gaming or before the expiration of your current distributor 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.' A legal notice follows: 'Notice: KRS 238.530(3) provides that no person who is licensed as a distributor shall be licensed as a manufacturer, and no person licensed as a manufacturer shall be licensed as a distributor.' The main section is titled 'GENERAL DISTRIBUTOR INFORMATION' and contains several form fields: '1. Name of Applicant (DISTRIBUTOR):' with a 'Name of Applicant\*' field; 'License Number:' with a 'DIS #' field; '2. Is the applicant organized as:' with a 'Select organization ...' dropdown; 'If "Other", please explain the company's organizational structure in detail:' with a text area; and '3. Contact Info:' with fields for 'Telephone\*', 'Fax', and 'Email Address\*'.

10. The **Invoice Details** page will appear. Click **Check out/Complete Order** to process the \$25 renewal fee. This is a nonrefundable application fee and shall be credited against the amount of the annual license fee, if the requested license is granted (820 KAR 1:005 Sec 2). Only the \$25 renewal fee can be paid online at this time.

The screenshot shows the 'Invoice Details' page. The header is identical to the previous page. The main content area is titled 'Invoice Details' and contains a table with the following data:

Description	Fee(s)	Action(s)
License Renewal / License Extension - DIS - Distributor	\$25.00	■
Total Amount Due	\$25.00	

Below the table, there are two buttons: 'Checkout / Complete Order' (circled in red) and 'Cancel Order'.

11. Select the payment type.

Ky.gov An Official Website of the Commonwealth of Kentucky

### Department of Charitable Gaming

Select Payment Type

ACH / ELECTRONIC CHECK OR CREDIT CARD

Cancel and return to Department of Charitable Gaming

Policies Security Disclaimer Accessibility

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Summary

License Renewal / License Extension - DIS - \$25.00

Distributor [redacted]

Item Price: \$25.00

Quantity: 1

12. Input the required data for the payment type that was selected. Click **Next**.

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### Department of Charitable Gaming

Select Payment Type

ACH / ELECTRONIC CHECK CREDIT CARD

Card Details

Card Number (required) Expiration Date (required) Security Code (required)

Cardholder Details

Name (required) Country (required)

Address Line 1 (required) Address Line 2

City (required) State (required) Zip Code (required)

NEXT

Summary

License Renewal / License Extension - DIS - \$25.00

Distributor [redacted]

Item Price: \$25.00

Quantity: 1

Sub Total \$25.00

Service Fee \$0.74

Total \$25.74

13. A summary of the payment data will be shown. Verify the data is correct or edit if necessary. Click **Pay Now**.

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### Department of Charitable Gaming

Visa Card Details EDIT

Card Number Expiration Date

Cardholder Details EDIT

PAY NOW

Cancel and return to Department of Charitable Gaming

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Summary

License Renewal / License Extension - DIS - \$25.00

Distributor [redacted]

Item Price: \$25.00

Quantity: 1

Sub Total \$25.00

Service Fee \$0.74

Total \$25.74

14. The **Transaction/Order Information** page will show that the transaction has been completed. A printed copy of the receipt is available by selecting **Print Copy of Receipt**.

**TEAM KENTUCKY** PUBLIC PROTECTION CABINET Department of Charitable Gaming Licensing Services [Change Password](#) [Log out](#)

Business Name: [Redacted] User Email: [Redacted] Entity ID: 29016

### Transaction / Order Information

**Transaction Details**  
 Transaction Status: Complete Transaction/Order Number: 71942898 Transaction Date: [Redacted]

**Account Holder Details**  
 Name: [Redacted] Address: [Redacted] Payment Method: [Redacted]

**Payment Summary**  
 Quantity: 1  
 Description: License Renewal / License Extension - DIS - Distributor [Redacted]  
 Amount: \$25.00  
 Portal Administration Fee: \$0.74  
 Total Charged: \$25.74

[Print Copy of Receipt](#) [Go Home](#)

### Transaction / Order Information

**Transaction Details**  
 Transaction Status: Complete Transaction/Order Number: 72057456 Transaction Date: 08/22/2024

**Account Holder Details**  
 Name: [Redacted] Address: [Redacted] Payment Method: [Redacted]  
 Ending With [Redacted]

**Payment Summary**  
 Quantity: 1  
 Description: Record Correction (Name / Address/ Contacts) - [Redacted]  
 Amount: \$25.00  
 Portal Administration Fee: \$1.00  
 Total Charged: \$26.00

I certify that: The Routing and Account numbers are correct; and, I have contacted my financial institution and authorized Kentucky gov's originating bank, SPS (ODFI ID #1522077581), to debit my account; and, Should the ACH Debit transaction be returned by the bank as not payable, I am responsible for any fees or penalties assessed by my financial institution and the KHRC Sports Wagering.