

FACILITY LICENSE APPLICATION

A COMPLETE APPLICATION MUST BE RECEIVED AT LEAST 60 DAYS PRIOR TO THE INTENDED START OF YOUR LICENSE OR THE EXPIRATION OF YOUR CURRENT LICENSE.

GENERAL FACILITY INFORMATION

1. Name of applicant: _____
 New Renewal FAC- _____
2. Is applicant organized as:
_____ Corporation
_____ Partnership
_____ Limited Liability Co. (LLC)
_____ Sole Proprietorship
_____ Other
3. If "other", explain in detail: _____

4. Applicant's federal employer tax identification number: _____
5. Name of facility, if different from name of applicant: _____
- 6a. Mailing address of applicant:(PO Box is not acceptable): _____
City: _____ State/Zip Code: _____ County: _____
Telephone: _____
- 6b. Street address of facility: _____
City: _____ State/Zip Code: _____ County: _____
Telephone: _____
Email address: _____ Website address: _____
- 6c. County in which facility is located: _____
- 6d. Description of gaming facility.
 - a. Square footage of gaming facility: _____
 - b. Capacity level of gaming facility: _____
 - c. Available parking area for gaming facility (estimate number of parking spaces or size of parking area): _____
 - d. Certificate of Occupancy date: _____



Note: All premises or facilities on which or in which charitable gaming is conducted shall meet all applicable federal, state, and local code requirements relating to life, safety, and health.

OFFICER INFORMATION

7a. **Please give the following information 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 will be forwarded to you relating to the procedures for the background checks.**

Chief Executive Officer:

Name: _____
Date of birth: _____
Social security number: _____

Note: PO Box is not acceptable

Home street address: _____
City: _____
State/Zip: _____
County: _____
Home telephone: () _____
Work telephone: () _____
Email address: _____

Chief Financial Officer:

Name: _____
Date of birth: _____
Social security number: _____

Note: PO Box is not acceptable

Home street address: _____
City: _____
State/Zip: _____
County: _____
Home telephone: () _____
Work telephone: () _____
Email address: _____

7b. **The following information is required for officers of the applicant not listed in question #7a above:**

Officer's title: _____

Name: _____
Date of birth: _____
Social security number: _____

Note: PO Box is not acceptable

Home street address: _____
City: _____
State/Zip: _____
County: _____
Home telephone: () _____
Work telephone: () _____
Email address: _____

Officer's title: _____

Name: _____
Date of birth: _____
Social security number: _____

Note: PO Box is not acceptable

Home street address: _____
City: _____
State/Zip: _____
County: _____
Home telephone: () _____
Work telephone: () _____
Email address: _____

Officer's title: _____

Name: _____
Date of birth: _____
Social security number: _____

Note: PO Box is not acceptable

Home street address: _____
City: _____
State/Zip: _____
County: _____
Home telephone: () _____
Work telephone: () _____
Email address: _____

Officer's title: _____

Name: _____
Date of birth: _____
Social security number: _____

Note: PO Box is not acceptable

Home street address: _____
City: _____
State/Zip: _____
County: _____
Home telephone: () _____
Work telephone: () _____
Email address: _____

(Attach additional sheets if necessary)

FINANCIAL INTEREST

8. **The following information is required for each individual who has a 10% or greater financial interest in the applicant (facility). Note: These individuals shall be subject to a state and FBI criminal history background check, and fingerprinting will be required. Additional information will be forwarded to you relating to the procedures for the background checks.**

Name: _____
 Date of birth: _____
 Social security number: _____

Name: _____
 Date of birth: _____
 Social security number: _____

Note: PO Box is not acceptable

Home street address: _____
 City: _____
 State/Zip: _____
 County: _____
 Home telephone: (____) _____
 Work telephone: (____) _____
 Email address: _____

Note: PO Box is not acceptable

Home street address: _____
 City: _____
 State/Zip: _____
 County: _____
 Home telephone: (____) _____
 Work telephone: (____) _____
 Email address: _____

(Attach additional sheets if necessary)

EMPLOYEES AND/OR CONTRACTEES OF THE FACILITY

9. **The following information is required for each employee or contractee of applicant which manages the facility or provides other authorized services, including security, concessions, janitorial services, etc.:**

Business name: _____
 Name: _____
 Date of birth: _____
 Social security number: _____

Business name: _____
 Name: _____
 Date of birth: _____
 Social security number: _____

Note: PO Box is not acceptable

Home street address: _____
 City: _____
 State/Zip: _____
 County: _____
 Home telephone: (____) _____
 Work telephone: (____) _____
 Email address: _____

Note: PO Box is not acceptable

Home street address: _____
 City: _____
 State/Zip: _____
 County: _____
 Home telephone: (____) _____
 Work telephone: (____) _____
 Email address: _____

Mark one:
 Employee or Contractee

Mark one:
 Employee or Contractee

Please provide job title or position held
 and describe regular job duties:

Please provide job title or position held
 and describe regular job duties:

(Attach additional sheets if necessary)

ORGANIZATIONS LEASING FACILITY

10. The following information is required for each charitable organization to which you currently lease space:

- a. Charitable organization: _____ License Number: _____
 First gaming day: _____ Hours of use: _____
 Second gaming day: _____ Hours of use: _____
 Third gaming day: _____ Hours of use: _____

(List all gaming days and hours of use. Attach additional sheet if necessary.)

Rate charged: _____

Services provided by facility:

- | | | |
|---|------------------------------------|---|
| <input type="checkbox"/> gaming space | <input type="checkbox"/> utilities | <input type="checkbox"/> insurance |
| <input type="checkbox"/> concessions | <input type="checkbox"/> parking | <input type="checkbox"/> tables and chairs |
| <input type="checkbox"/> adequate storage | <input type="checkbox"/> security | <input type="checkbox"/> janitorial service |
| <input type="checkbox"/> other non-gaming equipment | | |

Expiration date of current lease: _____

- b. Charitable organization: _____ License Number: _____
 First gaming day: _____ Hours of use: _____
 Second gaming day: _____ Hours of use: _____
 Third gaming day: _____ Hours of use: _____

(List all gaming days and hours of use. Attach additional sheet if necessary.)

Rate charged: _____

Services provided by facility:

- | | | |
|---|------------------------------------|---|
| <input type="checkbox"/> gaming space | <input type="checkbox"/> utilities | <input type="checkbox"/> insurance |
| <input type="checkbox"/> concessions | <input type="checkbox"/> parking | <input type="checkbox"/> tables and chairs |
| <input type="checkbox"/> adequate storage | <input type="checkbox"/> security | <input type="checkbox"/> janitorial service |
| <input type="checkbox"/> other non-gaming equipment | | |

Expiration date of current lease: _____

(Attach additional sheets if necessary)

LEASE AGREEMENTS

11. **Attach a copy of a blank standard lease agreement used between applicant and charitable organization.**
12. **Attach copies of each signed lease agreement described in question #10 above.**

Please read KRS 238.555(4) and 820 KAR 1:029 to ensure your lease meets the requirements of this statute.

13. **Do you own the facility you are leasing to charitable organizations?**

Yes or No

If "no", please attach a copy of the lease agreement between applicant and applicant's lessor and state below who owns the property where the charitable gaming activities will be conducted.

Name: _____
 Mailing Address: _____
 City/State/Zip: _____
 County: _____ Telephone: _____

ADDITIONAL INFORMATION

14. **Is applicant currently licensed or permitted to operate a charitable gaming facility in any other state, territory, or country?**

Yes or No

If "yes," please list the state(s), territory(ies), or country(ies):

State/territory/country: _____ State/territory/country: _____

(Attach additional sheets, if necessary)

15. **Has the applicant had any disciplinary action taken by any other state, territory, or country?**

Yes or No

If "yes", state when and by what regulatory authority and on what ground(s):

16. **Has the applicant ever been denied a license or permit to operate a charitable gaming facility in any other state, territory, or country?**

Yes or No

If "yes", state when and by what regulatory authority and on what ground(s):

17. **Has the applicant had any disciplinary action taken by any other regulatory authorities in the Commonwealth of Kentucky?**

Yes or No

If "yes", explain in detail the circumstances:

18. **Has applicant or any individual named in question #7a, 7b or 8 above been convicted of a crime in federal court or the courts of any state, the District of Columbia, or any territory of the United States?**

Yes or No

If "yes", describe in detail:

19. **Is the applicant or any individual named in question #7a, 7b or 8 above under indictment in federal court or the courts of any state, the District of Columbia, or any territory of the United States?**

Yes or No

If "yes", describe in detail:

20. **Is this facility used, leased, or provided to any organization for any use other than for the conduct of charitable gaming?**

Yes or No

If yes, please explain in detail:

21. **Does any organization have an office or place of business at the facility?**

Yes or No

If yes, please explain in detail:

CERTIFICATE OF OCCUPANCY

22. **Does this facility meet all applicable federal, state and local code requirements relating to life, safety and health?**

Yes or No

PROVIDE PROOF

The applicant shall notify the Department of Charitable Gaming in writing of any changes in the information provided on this application within 30 days.

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 accompanying materials, 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: _____

Officer Title: _____

Date: _____

Mail, e-mail, or fax completed application (including all required attachments), together with a check for the \$25.00 processing fee made payable to "Kentucky State Treasurer", to:

Public Protection Cabinet
Department of Charitable Gaming
Division of Licensing & Compliance
132 Brighton Park Boulevard
Frankfort, KY 40601
e-mail: dcg.info@ky.gov
fax: (502) 573-6625

If you need any help 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>