

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

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)? 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

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.

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 for a Charitable Gaming License – 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 project. 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 building 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 REVENUE	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.)

GAMING INFORMATION

11. Type of Charitable games to be conducted:

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

12a. Expected frequency charitable gaming will be conducted:

- Daily Twice Weekly Weekly Monthly
 Quarterly Semi-annually Annually 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 31ST. 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: _____

Mail, e-mail, or fax completed CG-Exempt, (including all required attachments), 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 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>