



Division of Charitable Gaming

GC-2 Application for Games of Chance License

Check the type of license(s) you are applying for:

Bell Jar ___ Casino Nights ___ Raffles (net profits over \$30,000 in calendar year) ___

PART A. GENERAL

1. Name of Organization: _____

2. Street Address of Organization:

Street Address City/Town/Village Zip Code

3. Has applicant ever been denied a games of chance license? ___ Yes ___ No If "yes", why? _____

4. Check type of organization and, if applicable, give the State and date of incorporation.

Corporation ___ State Incorporated ___ Date ___
Incorporated Association ___ State Incorporated ___ Date ___
Unincorporated Association ___
Individual ___ State Incorporated ___ Date ___

5. Did your corporate status change since your identification number was assigned? ___ Yes ___ No

6. Are you doing business under a trade name? ___ Yes ___ No If "yes", under what name? _____

PART B. LOCATION OF GAMES

7. Address where games, bell jar, or raffle drawing(s) are to be conducted.

Street Address City/Town/Village Zip Code

8. Name and address of authorized games of chance lessor renting premises to applicant:

Name Street Address City/Town/Village Zip Code

9. Does the applicant own the premises? ___ Yes ___ No

10. Capacity for public assembly of premises presently owned or occupied. _____

11. Have premises been regularly used? ___ Yes ___ No If "yes", how long? ___
Have games of chance ever been played on these premises? ___ Yes ___ No

12. Are the premises or any part thereof where games of chance are to be played licensed by the State Liquor Authority?
_____ Yes _____ No If "yes", state the type of license and number _____

13. Has such license ever been revoked or suspended? _____ Yes _____ No If "yes", explain why.

PART C. PURPOSE OF GAMES

14. State the specific purposes for which the entire net proceeds are to be devoted and in what manner.

I swear (or affirm):

1. That ALL the attached Schedules are a material part hereof and are incorporated herein as if set out in full in the application. All the answers contained in this application are a material part hereof.
2. That the entire net proceeds of all games of chance shall be devoted exclusively to one or more of the "lawful purposes" as defined in the Games of Chance Licensing Law and the Rules and Regulations of the NYS Gaming Commission.
3. That for each license period for which a license is sought, one or more of the active members under whose supervision the games are to held, operated and conducted, who is familiar with the Games of Chance Licensing Law, the Rules and Regulations of the NYS Gaming Commission and local licensing ordinances or laws, will be present at all times, in charge and primarily responsible for the conduct of games.
4. That the undersigned will be responsible for the holding, operation and conduct of all games of chance in accordance with terms of the license, the provisions of the Games of Chance License Law, the Rules and Regulations of the NYS Gaming Commission and with the provisions of the local licensing ordinances or laws.
5. That the undersigned has read and is familiar with the provisions of the Games of Chance Licensing Law, the Rules and Regulations of the NYS Gaming Commission, and the local licensing ordinances or laws.
6. That no commissions, salary, compensation, reward or recompense will be paid to any person for holding or assisting in the operating or conducting of the games, except to bookkeepers or accountants for professional service in an amount not exceeding that fixed by the NYS Gaming Commission.

Signature of Head of Organization

Print Name

Print Title

Date

_____ being duly sworn and says that he/she is the person above named, that
(Print Name of Applicant)
he/she has read the foregoing statement and the answer therein noted, and that such answers are true and that he/she has personally affixed his/her signature to this affidavit.

NOTARY STAMP

Sworn to before me on this _____ day of _____, 20_____

(Signature of Applicant)

(Signature of Notary Public)



Division of Charitable Gaming

GC-2A Application for Games of Chance License

Name of Organization: _____

Games of Chance Identification Number: _____

SCHEDULE 1: OFFICERS AND DIRECTORS

List names, addresses and dates of birth of all officers.
If organization is a corporation, or an incorporated or unincorporated association, list officers and directors.

Table with 6 columns: TITLE, NAME, DATE OF BIRTH, ADDRESS, CITY, ZIP. Includes 7 rows of blank lines for data entry.

Attach additional sheet if necessary

SCHEDULE 2: MEMBERS IN CHARGE OF GAMES
(MUST BE AT LEAST FOUR MEMBERS OF APPLICANT ORGANIZATION)

Table with 6 columns: NAME, YEARS OF MEMBERSHIP, DATE OF BIRTH, ADDRESS, CITY, ZIP. Includes 7 rows of blank lines for data entry.

SCHEDULE 3: AUXILIARY/AFFILIATE ORGANIZATIONS ASSISTING AT GAMES
(MAXIMUM OF 2 AUXILIARIES/AFFILIATES. EACH AUXILIARY/AFFILIATE LISTED MUST HAVE ITS OWN ID NUMBER)

NAME OF AUXILIARY/AFFILIATE	GAMES OF CHANCE ID NUMBER
_____	_____
_____	_____

SCHEDULE 4: ASSISTANTS TO MEMBERS IN CHARGE OF GAMES
List all members of applicant organization and members of authorized affiliates and auxiliary who will assist with games. Each person listed must be a member of applicant organization or affiliate for at least 1 year.

MEMBER NAME	YEARS OF MEMBERSHIP	DATE OF BIRTH	ADDRESS	CITY	ZIP
_____	_____	/ /	_____	_____	_____
_____	_____	/ /	_____	_____	_____
_____	_____	/ /	_____	_____	_____
_____	_____	/ /	_____	_____	_____
_____	_____	/ /	_____	_____	_____
_____	_____	/ /	_____	_____	_____
_____	_____	/ /	_____	_____	_____
_____	_____	/ /	_____	_____	_____
_____	_____	/ /	_____	_____	_____
_____	_____	/ /	_____	_____	_____
_____	_____	/ /	_____	_____	_____
_____	_____	/ /	_____	_____	_____
_____	_____	/ /	_____	_____	_____
_____	_____	/ /	_____	_____	_____
_____	_____	/ /	_____	_____	_____
_____	_____	/ /	_____	_____	_____
_____	_____	/ /	_____	_____	_____
_____	_____	/ /	_____	_____	_____
_____	_____	/ /	_____	_____	_____
_____	_____	/ /	_____	_____	_____
_____	_____	/ /	_____	_____	_____
_____	_____	/ /	_____	_____	_____

Attach additional sheet if necessary



Division of Charitable Gaming

GC-2B Application for Games of Chance License

Name of Organization: _____

Games of Chance Identification Number: _____ Date: _____

SCHEDULE 5: DATES, HOURS AND RENT OF ALL LICENSE PERIODS TO BE HELD
 (NOT APPLICABLE FOR BELL JAR GAMES)

DATE	HOURS	RENT
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____

RAFFLES

DATE	HOURS	PRIZES (Cash or Fair Market Value of Merchandise)
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____

SCHEDULE 6: EXPENSES

List items of expense to be incurred, and the names and addresses of vendors.

ITEM OF EXPENSE	VENDOR NAME	ADDRESS	STATE	ZIP
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SCHEDULE 7: TYPES OF GAMES

List all of the single types of games to be conducted at all license periods enumerated in Schedule 5.

For Casino Nights and Bazaars only: The total amount of prizes during any one license period shall not aggregate more than \$400 for each single type of game of chance when five types of games of chance are to be conducted during any one license period. The total amount of prizes during any one license period shall not aggregate more than \$500 for each single type of games of chance when less than five types of games of chance are to be conducted during any one license period.

LIST NAME OF EACH TYPE OF GAME OF CHANCE (Limit: 5 Games)	LIST THE MAXIMUM AMOUNT OF PRIZES TO BE AWARDED FOR EACH TYPE OF GAME (GAME BANK)
_____ at	\$ _____
_____ at	\$ _____
_____ at	\$ _____
_____ at	\$ _____
_____ at	\$ _____

For Merchandise Wheels, Bell Jars and Raffles, please complete the appropriate spaces below.

MERCHANDISE WHEELS:

INDICATE NUMBER OF
MERCHANDISE WHEELS
(NO LIMIT)

THE TOTAL AMOUNT OF PRIZES FOR
EACH MERCHANDISE WHEEL SHALL
NOT EXCEED \$10,000 AND NO SINGLE
PRIZE SHALL EXCEED \$250

BELL JAR:

INDICATE IF THIS APPLICATION
IS FOR A BELL JAR LICENSE

YES ____ NO ____

THE TOTAL AMOUNT OF PAYOUTS
FOR EACH BELL JAR DEAL SHALL NOT
EXCEED \$3,000 AND NO SINGLE PRIZE
SHALL EXCEED \$500

RAFFLES:

INDICATE IF THIS APPLICATION
IS FOR A RAFFLE LICENSE

YES ____ NO ____

THE TOTAL AMOUNT OF PRIZES FOR
ALL THE RAFFLES CONDUCTED DURING
THIS CALENDAR YEAR SHALL NOT
EXCEED \$2,000,000. NO SINGLE PRIZE
SHALL EXCEED \$100,000

IF YES, LIST RAFFLE DATES, TIME(S)
OF DRAWING(S) AND PRIZES IN
SCHEDULE 5