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Application to Conduct Games of Chance (Charitable)

NAME OF ORGANIZATION _____

TELEPHONE NUMBER _____

ADDRESS _____

EMAIL _____

LICENSE APPLIED FOR (Check appropriate box below; ONE only)

- To operate Games of Chance at an Agricultural Fair or Exhibition
 To operate Games of Chance by a Charitable or Religious Organization

	NUMBER	DAYS	AMOUNT
<input type="checkbox"/> Money Games (Fee: \$11.37 Per Game Per Day)	_____	_____	_____
<input type="checkbox"/> Merchandise Games	_____	_____	No Fee Applicable
<input type="checkbox"/> To operate Casino or Monte Carlo Event. (PLAY MONEY ONLY)	_____	_____	\$28.44 Fee
<input type="checkbox"/> Bingo Game	_____	_____	No Fee Applicable

Location of Operation: _____

Date(s) of Operation: _____

Hours of Operation: _____

If application is on behalf of a school, please provide signature of school principal:

Print Name _____ Signature _____

Please identify two representatives of organization that will be responsible for the conduct and management of this lottery scheme.

Name:	Name
Address:	Address:
Phone:	Phone:
Email:	Email:

CHARITABLE PURPOSE OF FUNDRAISING: _____

DECLARATION : I agree that at any time the Games of Chance on the noted premises may be checked by representatives of the Alcohol and Gaming Division.

Date _____

Signature _____

