



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 ___ State Incorporated ___ Date ___
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