

GC-2

NYS RACING & WAGERING BOARD  
1 Broadway Center, Suite 600  
Schenectady, NY 12305-2553  
Telephone (518) 395-5400 Fax (518) 347-1469  
www.racing.state.ny.us

APPLICATION FOR:

PLEASE CHECK

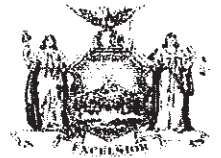
GAMES OF CHANCE

(Casino Nights, Bazaars, Carnivals)

BELL JAR

RAFFLE

(only raffles w/ over \$30,000 net profits in calendar year)



FOR OFFICE USE ONLY	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
	Municipal License Number	Fees Received	Date				

INSTRUCTIONS: PLEASE FILE THREE SIGNED COPIES WITH MUNICIPALITY

GC -  -  -  -

N.Y.S. Identification Number

IT IS A MISDEMEANOR TO MAKE ANY FALSE STATEMENTS IN THIS APPLICATION

Name of Municipality \_\_\_\_\_ County \_\_\_\_\_

PART A. GENERAL

1. Name of Organization

2. Address \_\_\_\_\_

3. Has applicant ever been denied a games of chance license?  Yes  No If "yes", why? (Attach extra sheet if necessary) \_\_\_\_\_

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

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", what is the trade name? \_\_\_\_\_

PART B. LOCATION OF GAMES

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

8. Name and address of authorized games of chance lessor renting to applicant. \_\_\_\_\_

9. Does the applicant own the premises?  Yes  No If "yes", how long? \_\_\_\_\_

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

11. Have premises been regularly used?  Yes  No If "yes", how long? \_\_\_\_\_  
Are games of chance being played now on these premises or has it ever been?  Yes  No If "yes", give full details.

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 Has such license ever been revoked or suspended?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", why? (Explain on a separate sheet, if necessary, and attach.) \_\_\_\_\_



**PART C. PURPOSES 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 Board.
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 be held, operated and conducted, who is familiar with the Games of Chance Licensing Law, the Rules and Regulations of the N.Y.S. Racing & Wagering Board 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 the terms of the license, the provisions of the Games of Chance Licensing Law, the Rules and Regulations of the N.Y.S. Racing & Wagering Board and with the provisions of local licensing ordinances or laws.
5. That the undersigned has read and is familiar with the provisions of the Games of Chance Licensing Law as amended, the Rules and Regulations of the N.Y.S. Racing & Wagering Board, and the local licensing ordinances or laws.
6. That no commission, 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 services in an amount not exceeding that fixed by the Board.

□□ / □□ / □□

Date \_\_\_\_\_ Signature of Head of Organization \_\_\_\_\_ Print Name \_\_\_\_\_

STATE

OF NEW YORK

COUNTY

OF \_\_\_\_\_

CITY/TOWN/VILLAGE

OF \_\_\_\_\_

} SS

\_\_\_\_\_ being duly sworn deposes and says that (s)he is the person above named, that (s)he has read the foregoing statement and the answer therein noted, and that such answers are true and that (s)he has personally affixed his (her) signature to this affidavit.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ Signed \_\_\_\_\_

Notary Public

Commissioner of Deeds

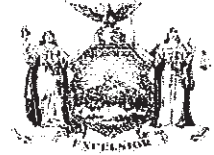
My Commission expires \_\_\_\_\_, 20 \_\_\_\_\_



GC-2A

APPLICATION FOR GAMES OF CHANCE LICENSE

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Form with grid for Name of Organization, GC- NYS Identification Number, and Date.

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 columns: TITLE, NAME, DATE OF BIRTH, STREET ADDRESS, CITY, ZIP

Attach additional sheet if necessary.

SCHEDULE 2: MEMBERS IN CHARGE OF GAMES

(MUST LIST AT LEAST FOUR MEMBERS OF APPLICANT ORGANIZATION)

Table with columns: NAME, DATE OF BIRTH, YEARS OF MEMBERSHIP, STREET ADDRESS, CITY, ZIP

SCHEDULE 3: AUXILIARY/AFFILIATE ORGANIZATIONS ASSISTING AT GAMES

(MAXIMUM OF 2 AUXILIARIES/AFFILIATES. EACH AUXILIARY/AFFILIATE LISTED MUST HAVE ITS OWN ID NUMBER.)

Form with fields for NAME OF AUXILIARY/AFFILIATE and GAMES OF CHANCE ID NUMBER

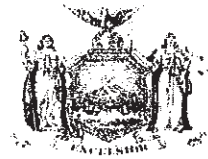




GC-2B

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APPLICATION FOR GAMES OF  
CHANCE LICENSE



[ ] [ ]																			
Name of Organization																			
GC-	[ ] [ ]	-	[ ] [ ] [ ] [ ]	-	[ ] [ ] [ ] [ ]	-	[ ] [ ] [ ] [ ] [ ] [ ]		[ ] [ ]	/	[ ] [ ] [ ] [ ]	/	[ ] [ ]						
NYS 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	\$ _____
___/___/___	___:___ 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	TIME	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	\$ _____

**SCHEDULE 6**

**EXPENSES**

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

ITEM OF EXPENSE	VENDOR NAME	STREET ADDRESS	CITY	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.

**Note for Vegas 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 single 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)	at	LIST THE MAXIMUM AMOUNT OF PRIZES TO BE AWARDED FOR EACH TYPE OF GAME OF CHANCE ( <u>GAME BANK</u> )
_____	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

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

THE TOTAL AMOUNT OF PRIZES FOR  
ALL THE RAFFLES CONDUCTED DUR-  
ING THIS CALENDAR YEAR SHALL  
NOT EXCEED \$100,000. NO SINGLE  
PRIZE SHALL EXCEED \$50,000  
EXCEPT THAT A SINGLE PRIZE OF  
\$100,000 MAY BE AWARDED IF SO  
INDICATED IN SCHEDULE 5

