REV-1752 AS (01-14) (FI)

pennsylvania
DEPARTMENT OF REVENUE

Licensing Authority - Enter County Name or Governing Authority Name, Address and Telephone Number

ELIGIBLE ORGANIZATION GAMES OF CHANCE APPLICATION

Please Print or Type.

FOR LICENSING AUTHORITY USE ONLY

IMPORTANT: READ INSTRUCTIONS ON PAGE 4 BEFORE COMPLETING APPLICATION

1 Check Appropriate Block:

☐ Initial Application ☐ Annual Application ☐ Change of Data

The licensing authority must be notified of changes to the information included on this application within 15 days of the change.

2 Submit a check, cashier's check or money order payable to the licensing authority named above for the fee due.

TYPE OF APPLICATION	FEE	EXPLANATION
☐ Game of Chance License	$125.00	Required for application.
☐ Monthly License	$25.00	Required for application.
☐ Replacement License	➡	Issued only if original is defaced, destroyed or lost. Contact the licensing authority for current fee.

3 Name of Municipality (city, borough, incorporated town or township)

4a Liquor Identification Number (LID)

4b Liquor License Number (if applicable)

5 Indicate Type of Organization (See instructions on Page 4.)

6 ☐ **If incorporated, check here and attach copy of articles of incorporation.**

7 Name of Organization

8 Date Organization was Formed

9 Location of Organization *and Licensed Premises*

A. Address of Normal Business or Operating Site

Street County

City State ZIP Code

Telephone Number Email Address

B. Mailing Address ☐ Check if same as 9a

Street County

City State ZIP Code

Telephone Number

C. Licensed Premises ☐ Check if same as 9a

Street County

City State ZIP Code

Telephone Number

Licensed Premises is (check applicable box)

☐ Owned by organization

☐ Leased by organization

☐ Owned or leased by another licensed eligible organization and leased to or used by the organization

☐ Other (Explain)

10 A. Eligible organization's operating day

B. Eligible organization's operating week

THIS FORM MAY BE REPRODUCED

11 As the executive officer or secretary of the eligible organization, I certify, under penalties of perjury and falsification found in 18 Pa. C.S.A. §4901 et seq., that:

A. No person under 18 years of age shall be permitted to operate or play games of chance.

B. No person who will manage, set up, supervise or participate in the operation of games of chance has been convicted of a felony, a violation of the Bingo Law, or the Local Option Small Games of Chance Act.

C. The facility in which games of chance are to be played has adequate means of ingress and egress and adequate sanitary facilities available in the area and meets all Department of Health and other local or federal sanitary requirements.

D. The eligible organization is the owner of the premises upon which the games of chance are played; or, if it is not, the organization is not leasing such premises from the owner under an oral agreement, nor is it leasing such premises from the owner under a written agreement as a rental which is determined by the amount of receipts realized from the playing of games of chance or by the number of people attending, except for a banquet where a per head charge is applied connecting to the serving of a meal.

E. The organization has not been convicted of a violation of the Act of Dec. 19, 1988 (P.L. 1262, No. 156), known as the Local Option Games of Chance Act.

I have examined this application, including accompanying schedules and statements, and to the best of my knowledge and belief, all information provided is true, correct and accurate.

Signature of Officer Preparing Application	Date of Birth	Title	Date
Print Name		Social Security Number (Optional)	Telephone Number

12 **COMMONWEALTH OF PENNSYLVANIA**

COUNTY OF _____

Before me this day personally appeared _____, who, being duly sworn according to law, deposes and says that the statements contained in the foregoing application are true and correct.
Subscribed and sworn to before me this date: _____
Month Day Year

(Seal)

_____ My commission expires on _____.
Notary Signature

FALSE OR FRAUDULENT APPLICATION IS PUNISHABLE BY A FINE OF $1,000, IMPRISONMENT FOR ONE YEAR OR BOTH.

THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THE APPLICATION (use 8 1/2" X 11" sheets where possible).

1. Check, cashier's check or money order in the amount of the total application fee payable to the licensing authority named on Page 1 of this application.
2. Schedule Sheet.
3. If incorporated, a copy of the applicant's articles of incorporation. If not incorporated, a copy of bylaws or other legal documents that define the organization's structure and purposes. Documentation indicating the organization has been fulfilling its purpose for one year prior to applying for a license is required.
4. A copy of the applicant's Internal Revenue Service tax exemption approval letter or official documentation indicating the applicant is a non-profit charitable organization.
5. Details and copies of all written lease or rental arrangements between the applicant and the owner of premises upon which the games of chance will be conducted, if such premises are leased or rented. If premises are owned, provide a copy of the deed.
6. Effective Feb 1, 2015, each application for a club license with proceeds in excess of $20,000 must include the most recent report filed with the department.

SCHEDULE SHEET
FOR ELIGIBLE ORGANIZATION GAMES OF CHANCE LICENSING

Please Print or Type All Information.

SCHEDULE A – Check which type(s) of games of chance the organization will conduct:

- ☐ Daily/Weekly Drawings
- ☐ Pull-tab games
- ☐ Punchboards
- ☐ Raffles
- ☐ Race Night Games
- ☐ Pools
- ☐ 50/50 Drawings

SCHEDULE B – List the following data for all officers, directors, owners and partners. If incorporated, list all officers and shareholders controlling 10 percent or more of outstanding stock. If organized as a partnership, list data for all partners. For all other entities, list data of any other financially responsible person.

Full Name	Date of Birth	Title or Relationship	Social Security Number (Optional)
Email Address			Telephone Number
Complete Mailing Address			
Full Name	Date of Birth	Title or Relationship	Social Security Number (Optional)
Email Address			Telephone Number
Complete Mailing Address			

SCHEDULE C – List all persons who will be responsible for operation of games of chance, including employees, bar personnel and organizational members or auxiliary members who will obtain and coordinate use of games of chance.

Full Name	Date of Birth	Title or Relationship	Social Security Number (Optional)
Complete Mailing Address			Telephone Number
Full Name	Date of Birth	Title or Relationship	Social Security Number (Optional)
Complete Mailing Address			Telephone Number
Full Name	Date of Birth	Title or Relationship	Social Security Number (Optional)
Complete Mailing Address			Telephone Number

SCHEDULE D – List distributors with which the organization anticipates doing business:

Name of Distributor and distributor license number	Complete Mailing Address	Telephone Number

SCHEDULE E – List all auxiliary groups of the applicant conducting games of chance under the applicant's license:

1. _____
2. _____
3. _____
4. _____
5. _____

THIS FORM MAY BE REPRODUCED

INSTRUCTIONS FOR COMPLETING ELIGIBLE ORGANIZATION GAMES OF CHANCE APPLICATION

The licensing authority (County Treasurer, or in any home-rule county where there is no elected treasurer, the designee of the governing authority) should enter the county name or governing authority name, address and telephone number in the space provided at the top of the application prior to making application forms available to the local eligible organizations.

Questions regarding games of chance and this application should be referred to the licensing authority on Page 1 at the top of the application. If the information is missing, refer to the government section of your local telephone book to determine the name and address of your county licensing authority.

APPLICATION INSTRUCTIONS

SECTION 1 – Applicant must check the appropriate block to indicate the type of application the organization is submitting.

SECTION 2 – Check type of application.

- Games of Chance License - A games of chance license authorizes the licensee to conduct games of chance during the eligible organization's licensing term. A licensee is eligible to apply for special raffle permits.
- A monthly license authorizes an eligible organization to conduct games of chance for a 30 consecutive day period.
- Enclose the application fee (check, cashier's check or money order) payable to the county licensing authority identified on Page 1.

SECTION 3 – The municipality where the organization's licensed premise is physically located.

SECTION 4 - 8 – Enter specific information regarding the organization. Enter in Section 5 the type of organization applying for license: charitable organization, religious organization, civic and service association, club, fraternal organization and veteran's organization, etc. If your organization qualifies as more than one type list all that applies. If you qualify as a club you must provide the information in 4a and 4b.

SECTION 9 – Generally, if an eligible organization owns or leases a premises as its normal business or operating site, that premises shall be the licensed premise for purposes of operating games of chance. If an eligible organization does not own or lease a premises upon which normal business or operations is conducted, it may, by agreement, use the licensed premises of another licensed eligible organization or make other arrangements for a licensed premises. Leases for licensed premiseses must be in writing.

A. – The organization must provide the address of the physical location where normal business operation is conducted. Typically this will be the organization's mailing address and/or licensed premises, and it may be indicated as such by marking the boxes in B and C.

- If no normal place of business, enter NONE.

B. – If the organization has a different mailing address than the address provided in A (such as a Post Office Box), the organization must provide the mailing address in this item.

C. – If an organization does not own or lease a normal business or operating site, has a normal business operating site with multiple structures or has multiple business or operating sites, it must indicate in this section the location it will use as its premises for conducting games of chance.

- Information on this line is required for a complete application.

SECTION 10 – Indicate the eligible organization's hours of operation, dates or days of week and times games are to be played.

- Operating day - The period of time during any 24-hour period when an eligible organization conducts its normal activities or holds itself open to its members.
- Nonoperating day - A period of time equivalent to an eligible organization's operating day except that the eligible organization is closed to normal activities or to its members during that period of time.
- Operating week - Seven consecutive operating days or nonoperating days.

SECTION 11 – The executive officer or secretary of an organization must certify statements A through E by completing the personal data required in Section 11 and by signing the application.

SECTION 12 – Application must be notarized.

Complete the schedule sheet and enclose other documents listed at the bottom of Page 2 of the application. Social Security numbers are optional.

Forward the application, payment and other related documents to the licensing authority to obtain your license to conduct and operate games of chance.

RESOLUTION FOR SMALL GAMES OF CHANCE

AT A REGULAR MEETING HELD ON THE _____ DAY OF _____, 20_____, THE MEMBERS OR EXECUTIVE BOARD OF _____ IN ACCORDANCE WITH ITS CONSTITUTION AND BYLAWS AUTHORIZED THE PROPER OFFICER(S) TO FILE AN APPLICATION FOR SMALL GAMES OF CHANCE LICENSE IN THE COUNTY OF BEAVER AT _____ IN _____ FOR THE PURPOSE OF RAISING FUNDS OR CHARITABLE, CIVIC OR RELIGIOUS WORK AND HAVE AUTHORIZED _____ TO PROVIDE ALL INFORMATION NECESSARY FOR THE APPLICATION AND TO EXECUTE THE AFFIDAVIT REQUIRED.

_____
PRESIDENT

_____
SECRETARY