## GC-2

NYS RACING & WAGERING BOARD 1 Watervliet Ave. Ext., Suite 2 Albany, NY 12206-1668 Telephone (518) 453-8460 Fax (518) 453-8492 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)

	(only fairles w) over \$20,000 net provide in emondar year)						
	FOR OFFICE USE ONLY Municipal License Number Fees Received Date						
INSTRUCTIONS: PLEASE FILE THREE SIGNED COPIES WITH MUNICIPALITY							
GC							
Name o	f Municipality County						
PART A. GENERAL							
1.	Name of Organization						
2.	2. Address						
3.	. Has applicant ever been denied a games of chance license? $\square$ Yes $\square$ 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						
	Incorporated Association						
	Unincorporated Association  State incorporated						
	Individual						
5.	5. Did your corporate status change since your identification number was assigned?   Yes No						
6.	6. Are you doing business under a trade name?   Yes   No If "yes", what is the trade name?						
PART 1	•						
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?						
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?  If "yes", state the type of license and number.						
13.	Has such license ever been revoked or suspended?						

PA	PART C. PURPOSES OF GAM  14. State the specific purposes f		the entire net proceeds a	ire to be devoti	ed and in what manner.			
I sv	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 provision of local licensing ordinances or laws.							
5.	5. That the undersigned has read and of the N.Y.S. Racing & Wagering I	is familiar v 3oard, and	with the provisions of the C the local licensing ordinan	Games of Chanc aces or laws.	e Licensing Law as amended, the Rules and Regulations			
6.	6. That no commission, salary, compe conducting of the games, except to	nsation, rev bookkeepe	ward or recompense will be ers or accountants for profe	e paid to any pe essional services	rson for holding or assisting in the operating or in an amount not exceeding that fixed by the Board.			
	Date / Date	Sionatu	re of Head of Organizat	tion	Print Name			
Da	STATE	OF	NEW YORK	<b>.</b>				
	COUNTY	OF						
(	CITY/TOWN/VILLAGE	OF			S			
	CII I/IOWIW VILLEIGE	Or		<b>J</b>	l (CM - '- dh - m h m d			
	that (s)he has read the foregoing stat affixed his (her) signature to this affi				and says that (s)he is the person above named, the answers are true and that (s)he has personally			
Sw	Sworn to before me this	day of	, 20	Signed _				
	Notary Public			Commiss	sioner of Deeds			
Му	My Commission expires		, 20					

