



GC-2 Application for Games of Chance License
CALENDAR YEAR: \_\_\_\_\_

Check the type of license(s) you are applying for:

Bell Jar \_\_\_\_\_ Casino Games \_\_\_\_\_ Raffles (net profits over \$30,000 in calendar year) \_\_\_\_\_

PART A. GENERAL

1. Name of Organization: \_\_\_\_\_

2. Games of Chance Identification Number: \_\_\_\_\_

3. Street Address of Organization:

Street Address City/Town/Village Zip Code

4. Has applicant ever been denied a games of chance license? Yes No If "yes", why?

5. 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 \_\_\_\_\_

6. Did your corporate status change since your identification number was assigned? Yes No

7. Are you doing business under a trade name? Yes No If "yes", under what name? \_\_\_\_\_

PART B. LOCATION OF GAMES

8. Address where casino games, bell jar, or raffle drawing(s) are to be conducted.

Street Address City/Town/Village Zip Code

9. Name and address of authorized games of chance lessor renting premises to applicant:

Name Street Address City/Town/Village Zip Code

10. Does the applicant own the premises? Yes No

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

12. Have premises been regularly used? \_\_\_ Yes \_\_\_ No If "yes", how long? \_\_\_\_\_  
 Have games of chance ever been played on these premises? \_\_\_ Yes \_\_\_ No
13. 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 \_\_\_\_\_
14. Has such license ever been revoked or suspended? \_\_\_ Yes \_\_\_ No If "yes", explain why.  
 \_\_\_\_\_

**PART C. PURPOSE OF GAMES**

15. 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 NYS Gaming Commission.
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 held, operated and conducted, who is familiar with the Games of Chance Licensing Law, the Rules and Regulations of the NYS Gaming Commission 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 terms of the license, the provisions of the Games of Chance License Law, the Rules and Regulations of the NYS Gaming Commission and with the provisions of the local licensing ordinances or laws.
5. That the undersigned has read and is familiar with the provisions of the Games of Chance Licensing Law, the Rules and Regulations of the NYS Gaming Commission, and the local licensing ordinances or laws.
6. That no commissions, 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 service in an amount not exceeding that fixed by the NYS Gaming Commission.

\_\_\_\_\_  
*Signature of Head of Organization*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Print Title*

\_\_\_\_\_  
*Date*

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

**NOTARY STAMP**

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

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Signature of Notary Public)



**GC-2A Application for Games of Chance License**

**CALENDAR YEAR:** \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Games of Chance Identification Number: \_\_\_\_\_ 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.

TITLE	NAME	DATE OF BIRTH	ADDRESS	CITY	ZIP
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____

Attach additional sheet if necessary

**SCHEDULE 2: MEMBERS IN CHARGE OF GAMES**

(MUST BE AT LEAST FOUR MEMBERS OF APPLICANT ORGANIZATION)

NAME	YEARS OF MEMBERSHIP	DATE OF BIRTH	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)

NAME OF AUXILIARY/AFFILIATE	GAMES OF CHANCE ID NUMBER
_____	_____
_____	_____

**SCHEDULE 4: ASSISTANTS TO MEMBERS IN CHARGE OF GAMES**

List all members of applicant organization and members of authorized affiliates and auxiliary who will assist with games. Each person listed must be a member of applicant organization or affiliate for at least 1 year.

MEMBER NAME	YEARS OF MEMBERSHIP	DATE OF BIRTH	ADDRESS	CITY	ZIP
_____	_____	/ /	_____	_____	_____
_____	_____	/ /	_____	_____	_____
_____	_____	/ /	_____	_____	_____
_____	_____	/ /	_____	_____	_____
_____	_____	/ /	_____	_____	_____
_____	_____	/ /	_____	_____	_____
_____	_____	/ /	_____	_____	_____
_____	_____	/ /	_____	_____	_____
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_____	_____	/ /	_____	_____	_____
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_____	_____	/ /	_____	_____	_____
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_____	_____	/ /	_____	_____	_____
_____	_____	/ /	_____	_____	_____
_____	_____	/ /	_____	_____	_____
_____	_____	/ /	_____	_____	_____
_____	_____	/ /	_____	_____	_____
_____	_____	/ /	_____	_____	_____



GC-2B Application for Games of Chance License

CALENDAR YEAR: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Games of Chance Identification Number: \_\_\_\_\_ Date: \_\_\_\_\_

SCHEDULE 5: DATES, HOURS AND RENT OF ALL LICENSE PERIODS TO BE HELD

(NOT APPLICABLE FOR BELL JAR GAMES)

Table with 3 columns: DATE, HOURS, RENT. Multiple rows for license periods.

RAFFLES

Table with 4 columns: DRAWING DATE, DRAWING TIME, DRAWING LOCATION (Address), PRIZES (Cash or Fair Market Value of Merchandise).

SCHEDULE 6: EXPENSES

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

Table with 5 columns: ITEM OF EXPENSE, VENDOR NAME, ADDRESS, STATE, ZIP. Multiple rows for expense entries.

**SCHEDULE 7: TYPES OF GAMES**

List all of the single types of games to be conducted at all license periods enumerated in Schedule 5.

**For Casino Games and Bazaars only:** The total amount of prizes during any one license period shall not aggregate more than \$400 for each single type of casino game when five types of casino games 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 casino game when less than five types of casino games are to be conducted during any one license period.

LIST NAME OF EACH TYPE  
OF CASINO GAME  
(Limit: 5 Games)

LIST THE MAXIMUM AMOUNT OF  
PRIZES TO BE AWARDED FOR  
EACH TYPE OF CASINO GAME  
(STARTING/GAME BANK)

_____	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

THE TOTAL AMOUNT OF PAYOUTS  
FOR EACH BELL JAR DEAL SHALL NOT  
EXCEED \$6,000 AND NO SINGLE PRIZE  
SHALL EXCEED \$1,000

YES \_\_\_\_\_ NO \_\_\_\_\_

**RAFFLES:**

INDICATE IF THIS APPLICATION  
IS FOR A RAFFLE LICENSE

THE TOTAL AMOUNT OF PRIZES FOR  
ALL THE RAFFLES CONDUCTED DURING  
THIS CALENDAR YEAR SHALL NOT  
EXCEED \$3,000,000. NO SINGLE PRIZE  
SHALL EXCEED \$300,000

YES \_\_\_\_\_ NO \_\_\_\_\_

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