



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 \$30,000 and over 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
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 Has such license ever been revoked or suspended?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 Title

Print Name

Date

_____ being duly sworn and says that they are the person above named, that
 (Print Name of Applicant)
 they have read the foregoing statement and the answer therein noted, and that such answers are true and that they have personally affixed their signature to this document.

NOTARY STAMP

Sworn to before me on this _____ day of _____, 20_____

 (Signature of Applicant)

 (Signature of Notary Public)



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.

Table with 6 columns: TITLE, NAME, DATE OF BIRTH, ADDRESS, CITY, ZIP. Includes 6 rows of blank lines for data entry.

Attach additional sheet if necessary.

SCHEDULE 2: MEMBERS IN CHARGE OF GAMES (MUST BE AT LEAST FOUR MEMBERS OF APPLICANT ORGANIZATION)

Table with 6 columns: NAME, YEARS OF MEMBERSHIP, DATE OF BIRTH, ADDRESS, CITY, ZIP. Includes 5 rows of blank lines for data entry.

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.

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



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)

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	\$ _____

RAFFLES

DRAWING DATE	DRAWING TIME	DRAWING LOCATION (Address)	PRIZES (Cash or Fair Market Value of Merchandise)
____/____/____	____ 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 vendors.

ITEM OF EXPENSE	VENDOR NAME	ADDRESS	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.

For Casino Games Licenses: Except for merchandise wheels and raffles, no series of prizes on any one occasion shall aggregate more than four hundred dollars when the licensed authorized organization conducts five single types of games of chance during any one license period. Except for merchandise wheels, raffles and bell jars, no series of prizes on any one occasion shall aggregate more than five hundred dollars when the licensed authorized organization conducts less than five single types of games of chance, exclusive of merchandise wheels, raffles and bell jars, 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	\$ _____
_____ 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

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. NO SERIES OF
PRIZES AWARDED BY RAFFLE SHALL
HAVE AN AGGREGATE VALUE IN
EXCESS OF \$500,000

YES _____ NO _____

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