STATE OF OPPORTUNITY.	Gaming Commission	Division of Charitable Gaming	1A Application for and Identificatio	•
Check the type of prog Check appropriate bo			ell Jar Casino Nights Raffles_ ng Only	Bingo
1 Name of organizatio	m.			
-			is conducted and where meetings are held -	
		·		, 
		Str	reet Address	
City			County	Zip Code
Organiz	ation's Website		Phone N	umber
3. Mailing address (if o	lifferent from phys	sical address):		
		Street A	Address/P.O. Box	
	City		County	Zip Code
4. Indicate the name of	f the city, town or	village the organ	nization is physically located in:	
5. Date the applicant o	rganization was fo	ormally organize	d:	
6. Does the organization and/or 4800.1(o) (see			purposes as defined by Commission Ru	le 4600.1(e)
7. Provide the EIN (En	mployer Identifica	tion Number) iss	sued by the Internal Revenue Service:	
8. If the organization l	nas a federal tax ex	cemption, indica	te the organization's tax status (e.g. 501)	(c)(3), 501(c)(4), etc):
сору			ceived a tax exemption status, provide a red from the Internal Revenue Service (	
9. Has a games of cha	nce identification	number ever bee	n issued to the organization? Yes	No
If yes, list the identi	fication number:	GC		
10. Has a bingo identifi	cation number eve	er been issued to	the organization? Yes No	
11. State the type of org	ganization (i.e. reli	gious, education	al, veterans, etc.):	
Page 1 of 3	14	Application for Regis	nenectady, NY, 12301-7500 tration and Identification Number gaming.ny.gov	Effective 3/28/19

Has the organization ever been known by another name? Yes No         f yes, state name and address:
Name
Street Address City State Zip Code
Is the organization incorporated? Yes No If no, how organized:
Does the organization have a governing body (i.e. Board of Directors)? Yes No
If yes, what is the total number of members within the governing body:
State current number of bona-fide members of the organization excluding the governing body:
Are there annual elections of the organization's officers? Yes No
When are they held?
Does the organization operate without profit to its members? Yes No
Does the organization maintain one or more bank accounts? Yes No If answered yes, indicate the names and addresses of all such banks:
Provide the name and address of bank where the organization intends to maintain its Games of Chance and/or Bingo Checking Account:
Indicate the name and title of the officer who will have responsibility for the utilization of all proceeds derived from the conduct of Games of Chance and/or Bingo:
Name Title
Describe the organization's past, present and planned activities. (You may use an attached narrative, pamphlets, newsletters, brochures, or similar documents in support.)
Provide a detailed statement as to what the organization intends to do with all proceeds derived from the conduct of Games of Chance and/or Bingo:

Name			
Street Address	City	State	Zip Code
List the name and address of the licensed Games of Chance intends to purchase or lease its bell jar tickets and/or casino	<b>e 1</b>	•	zation
ATTACH ONE COPY OF EAC	H OF THE FOLL	2 <mark>OWING</mark> :	
<ul> <li>If a corporation: provide a copy of the articles of incomination with the proper state agency;</li> <li>If unincorporated: provide a copy of the constitution proper state agency</li> <li>If the organization has a charter provide a copy;</li> <li>List of the names of the members of the governing be List of the names of all current members of the organization? Provide a list of the organization's prior year's expert Provide a copy of the organization's most recent gen and all supporting schedules.</li> </ul>	n and by-laws, show ody including titles; nization; nses, including all cl	ing certification of the second se	of filing with tl ements;
Important! Your application may be delayed if you fail to p	rovide all the informat	<mark>ion requested.</mark>	
knowledge and belief are true, correct and complete. Only Printed Name of the Head of the Organization	the Head of the Org		n this documer
knowledge and belief are true, correct and complete. Only Printed Name of the Head of the Organization	the Head of the Org	anization may sig	n this documen
knowledge and belief are true, correct and complete. Only Printed Name of the Head of the Organization (ex. Commander, Exalted Ruler, Priest, President, etc.)	the Head of the Org	anization may sig Head of the Organ	n this documen
knowledge and belief are true, correct and complete. Only         Printed Name of the Head of the Organization         (ex. Commander, Exalted Ruler, Priest, President, etc.)         Email Address of Head of the Organization         Signature of Head of the Organization	the Head of the Org Title of . Phone Numb Drn and says that (s)h	anization may sig Head of the Organ Der of Head of the Date e is the person abo	<i>or this documen</i> <i>nization</i> <i>Organization</i> <i>Organization</i>
knowledge and belief are true, correct and complete. Only         Printed Name of the Head of the Organization         (ex. Commander, Exalted Ruler, Priest, President, etc.)         Email Address of Head of the Organization         Signature of Head of the Organization	the Head of the Org Title of A Phone Numb Drn and says that (s)h noted, and that such a	anization may sig Head of the Organ Der of Head of the Date e is the person abo	<i>on this documen</i> <i>nization</i> <i>Organization</i> ove named, that nd that (s)he has
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(ex. Commander, Exalted Ruler, Priest, President, etc.)  Email Address of Head of the Organization  Signature of Head of the Organization  (Print Name of Applicant)  he has read the foregoing application and the answers herein the transmitter of the organization and the answers herein the transmitter of the organization and the answers herein the transmitter of the organization and the answers herein the transmitter of the organization and the answers herein the transmitter of the organization and the answers herein the transmitter of the organization and the answers herein the transmitter of the organization and the answers herein the transmitter of the organization and the answers herein the transmitter of the organization and the answers herein the transmitter of the organization and the tran	the Head of the Org Title of A Phone Numb Drn and says that (s)h noted, and that such a	<i>anization may sig</i> Head of the Organ Deer of Head of the Date e is the person abo answers are true an	<i>on this documen</i> <i>nization</i> <i>Organization</i> ove named, that nd that (s)he has