



APPLICATION FOR REGISTRATION AND IDENTIFICATION NUMBER

Check the type of program(s) you are applying for: Bell Jar [] Casino Nights [] Raffles [] Bingo []

Check appropriate box: New [] Update [] Assisting Only []

1. Name of organization: _____

2. Physical Street Address of organization (cannot be a PO Box):

Street Address City/Town/Village State Zip Code

3. Mailing Address (if different from physical address):

Street Address City/Town/Village State Zip Code

4. Municipality and County in which the organization is physically located or where their meetings are held:

CITY / TOWN / VILLAGE Name of Municipality

Name of County

5. Date the applicant organization was formally organized: [][] / [][] / [][][][]

6. Has a games of chance identification number ever been issued to the organization? [] Yes [] No
If yes, list the identification number: [][] - [][][] - [][][] - [][][][][]

7. Has a bingo identification number ever been issued to the organization? [] Yes [] No
If yes, list the identification number: [][] - [][][] - [][][] - [][][][][]

8. State the type of organization (i.e. religious, educational, veterans, etc.): _____

9. Has the organization ever been known by another name? [] Yes [] No
If yes, state name and address:

Name Street Address City/Town/Village State Zip Code

10. Is the organization incorporated? Yes No
11. 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: _____
12. If a membership organization, state the number of bona-fide members of the organization excluding the governing body: _____
13. Please give address of where regular membership/governing body meetings are held:

<i>Name</i>	<i>Street Address</i>	<i>City/Town/Village</i>	<i>State</i>	<i>Zip Code</i>
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14. Will the organization conduct games of chance (including raffles) and/or bingo on its own premise?
 Yes _____ No _____ If not, indicate the name and address of premise to be used:

<i>Name</i>	<i>Street Address</i>	<i>City/Town/Village</i>	<i>State</i>	<i>Zip Code</i>
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15. Please list the name of the licensed games of chance/bingo supplier from whom the organization intends to purchase/lease its supplies and equipment (**this does not include raffle tickets**).

<i>Name</i>	<i>Street Address</i>	<i>City/Town/Village</i>	<i>State</i>	<i>Zip Code</i>
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ATTACH ONE COPY OF EACH OF THE FOLLOWING:

- **If incorporated: provide a copy of the articles of incorporation and by-laws;**
- **If unincorporated: provide a copy of the constitution and by-laws;**
- **If the organization has a charter provide a copy;**
- **Please provide a list of the names and addresses of the members of the governing body including titles.**

I swear (or affirm) that the information and statements contained herein have been examined by me and to the best of my knowledge and believe are true, correct and complete.

<i>Print Name and Title of the Head of the Organization</i>	<i>Home Mailing Address of the Head of the Organization</i>
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<i>Signature of the Head of the Organization</i>	<i>Phone Number of the Head of the Organization</i>
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