



1A 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 (where business is conducted and where meetings are held - cannot be a PO Box):

Street Address

City *County* *Zip Code*

Organization's Website *Phone Number*

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

Street Address/P.O. Box

City *County* *Zip Code*

4. Indicate the name of the city, town or village the organization is physically located in: _____

5. Date the applicant organization was formally organized: _____

6. Does the organization serve one or more of the lawful purposes as defined by Commission Rule 4600.1(e) and/or 4800.1(o) (see instructions for rule citation)? Yes ___ No ___

7. Provide the EIN (Employer Identification Number) issued by the Internal Revenue Service:

8. If the organization has a federal tax exemption, indicate the organization's tax status (e.g. 501(c)(3), 501(c)(4), etc):

Note: If the organization has received a tax exemption status, provide a copy of the determination letter received from the Internal Revenue Service (IRS).

9. Has a games of chance identification number ever been issued to the organization? Yes ___ No ___

If yes, list the identification number: GC ___ - ___ - ___ - _____

10. Has a bingo identification number ever been issued to the organization? Yes ___ No ___

If yes, list the identification number: BC ___ - ___ - ___ - _____

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

12. Indicate how the organization currently raise funds to support the organization: _____

13. Has the organization ever been known by another name? Yes ____ No ____

If yes, state name and address:

Name

Street Address

City

State

Zip Code

14. Is the organization incorporated? Yes ____ No ____

If no, how organized: _____

15. 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: _____

When and where are the Board of Director's meetings held? _____

16. State current number of bona-fide members of the organization excluding the governing body: _____

When and where are the membership meetings held? _____

17. Are there annual elections of the organization's officers? Yes ____ No ____

When are they held? _____

18. Does the organization operate without profit to its members? Yes ____ No ____

19. Does the organization maintain one or more bank accounts? Yes ____ No ____

If answered yes, indicate the names and addresses of all such banks:

20. Provide the name and address of bank where the organization intends to maintain its Games of Chance and/or Bingo Checking Account:

21. 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

22. Describe the organization's past, present and planned activities.

(You may use an attached narrative, pamphlets, newsletters, brochures, or similar documents in support.)

23. 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:
