



Division of Charitable Gaming
1A – Application for Registration
and Identification Number

Date of Application: ___/___/___

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 (Please circle one) Name of Municipality

Name of County

5. Date the applicant organization was formally organized: ___/___/___

Note: An organization must be in existence for a minimum of three years prior to applying for games of chance and one year for bingo.

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

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

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

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

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:

<i>Name</i>	<i>Street Address</i>	<i>City/Town/Village</i>	<i>State</i>	<i>Zip Code</i>
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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.

Print Name and Title of the Head of the Organization

Home Mailing Address of the Head of the Organization

Signature of the Head of the Organization

Phone Number of the Head of the Organization

P.O. 7500, Schenectady, NY 12301-7500

www.gaming.ny.gov