



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 over \$30,000 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 Has such license ever been revoked or suspended?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 Name*

\_\_\_\_\_  
*Print Title*

\_\_\_\_\_  
*Date*

\_\_\_\_\_ being duly sworn and says that he/she is the person above named, that  
 (Print Name of Applicant)  
 he/she has read the foregoing statement and the answer therein noted, and that such answers are true and that he/she has personally affixed his/her signature to this affidavit.

**NOTARY STAMP**

Sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Signature of Notary Public)