



GC-2A Application for Games of Chance License

CALENDAR YEAR: _____

Name of Organization: _____

Games of Chance Identification Number: _____ Date: _____

SCHEDULE 1: OFFICERS AND DIRECTORS

List names, addresses and dates of birth of all officers.

If organization is a corporation, or an incorporated or unincorporated association, list officers and directors.

TITLE	NAME	DATE OF BIRTH	ADDRESS	CITY	ZIP
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____

Attach additional sheet if necessary

SCHEDULE 2: MEMBERS IN CHARGE OF GAMES

(MUST BE AT LEAST FOUR MEMBERS OF APPLICANT ORGANIZATION)

NAME	YEARS OF MEMBERSHIP	DATE OF BIRTH	ADDRESS	CITY	ZIP
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____

SCHEDULE 3: AUXILIARY/AFFILIATE ORGANIZATIONS ASSISTING AT GAMES

(MAXIMUM OF 2 AUXILIARIES/AFFILIATES. EACH AUXILIARY/AFFILIATE LISTED MUST HAVE ITS OWN ID NUMBER)

NAME OF AUXILIARY/AFFILIATE	GAMES OF CHANCE ID NUMBER
_____	_____
_____	_____

SCHEDULE 4: ASSISTANTS TO MEMBERS IN CHARGE OF GAMES

List all members of applicant organization and members of authorized affiliates and auxiliary who will assist with games. Each person listed must be a member of applicant organization or affiliate for at least 1 year.

MEMBER NAME	YEARS OF MEMBERSHIP	DATE OF BIRTH	ADDRESS	CITY	ZIP
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____