



Division of Charitable Gaming

GC-2B Application for Games of Chance License

Name of Organization: _____

Games of Chance Identification Number: _____ Date: _____

SCHEDULE 5: DATES, HOURS AND RENT OF ALL LICENSE PERIODS TO BE HELD

(NOT APPLICABLE FOR BELL JAR GAMES)

DATE	HOURS	RENT
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____

RAFFLES

DATE	HOURS	PRIZES (Cash or Fair Market Value of Merchandise)
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____

SCHEDULE 6: EXPENSES

List items of expense to be incurred, and the names and addresses of vendors.

ITEM OF EXPENSE	VENDOR NAME	ADDRESS	STATE	ZIP
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SCHEDULE 7: TYPES OF GAMES

List all of the single types of games to be conducted at all license periods enumerated in Schedule 5.

For Casino Nights and Bazaars only: The total amount of prizes during any one license period shall not aggregate more than \$400 for each single type of game of chance when five types of games of chance are to be conducted during any one license period. The total amount of prizes during any one license period shall not aggregate more than \$500 for each single type of games of chance when less than five types of games of chance are to be conducted during any one license period.

LIST NAME OF EACH TYPE OF GAME OF CHANCE (Limit: 5 Games)	LIST THE MAXIMUM AMOUNT OF PRIZES TO BE AWARDED FOR EACH TYPE OF GAME (<u>GAME BANK</u>)
_____ at	\$ _____

For Merchandise Wheels, Bell Jars and Raffles, please complete the appropriate spaces below.

MERCHANDISE WHEELS:

INDICATE NUMBER OF
MERCHANDISE WHEELS
(NO LIMIT)

THE TOTAL AMOUNT OF PRIZES FOR
EACH MERCHANDISE WHEEL SHALL
NOT EXCEED \$10,000 AND NO SINGLE
PRIZE SHALL EXCEED \$250

BELL JAR:

INDICATE IF THIS APPLICATION
IS FOR A BELL JAR LICENSE

THE TOTAL AMOUNT OF PAYOUTS
FOR EACH BELL JAR DEAL SHALL NOT
EXCEED \$3,000 AND NO SINGLE PRIZE
SHALL EXCEED \$500

YES _____ NO _____

RAFFLES:

INDICATE IF THIS APPLICATION
IS FOR A RAFFLE LICENSE

THE TOTAL AMOUNT OF PRIZES FOR
ALL THE RAFFLES CONDUCTED DURING
THIS CALENDAR YEAR SHALL NOT
EXCEED \$2,000,000. NO SINGLE PRIZE
SHALL EXCEED \$100,000

YES _____ NO _____

IF YES, LIST RAFFLE DATES, TIME(S)
OF DRAWING(S) AND PRIZES IN
SCHEDULE 5