



GC-5 License to Conduct Games of Chance

CALENDAR YEAR: _____

Please Check: Bell Jar _____ Games of Chance _____ Raffle _____

This License Must Be Conspicuously Displayed During Conduct of Games

Games of Chance Identification Number: _____

Municipal License Number: _____ Amount of Fee Paid: \$ _____

Name of Organization: _____

Address of Organization: _____ Street Address City/Town/Village Zip Code

Address Where Games will be Conducted: _____ Street Address City/Town/Village Zip Code

Entire Net Proceeds to be devoted to the following specific lawful purpose(s):

Names of Members in Charge _____

Table with 4 columns: LICENSE PERIOD DATE, DAY OF WEEK, HOURS, TYPE(S) OF GAMES

Table with 4 columns: RAFFLE DRAWING DATE, DRAWING TIME, DRAWING LOCATION, AMOUNT OF RAFFLE PRIZES

THE MAXIMUM AMOUNT OF PRIZES TO BE AWARDED FOR EACH TYPE OF GAME OF CHANCE

THE MAXIMUM AMOUNT OF PRIZES TO BE AWARDED FOR EACH MERCHANDISE WHEEL

Issued by: _____ (Name of Municipality)

Title: _____

Date: _____

Signature: _____