

GC-102

NYS RACING & WAGERING BOARD
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**GAMES OF CHANCE
RENTAL
STATEMENT**

This statement shall accompany
Form GC-101 when submitted.



1. Name of Applicant _____

2. N.Y.S. I.D. No. GC - - - -

Municipal Games of Chance License No.

3. Location of Premises to be licensed:

Address _____ City, Town or Village _____

Zip Code _____ Block or Lot No., if any _____ County _____

4. List of organizations renting premises:

Organizations	N.Y.S. I.D. No.				Date	Rents
_____	GC-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	GC-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	GC-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	GC-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	GC-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	GC-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	GC-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	GC-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	GC-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	GC-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	GC-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Estimated Expenses for each license period:

A. Janitorial _____ \$ _____

B. Supplies _____ \$ _____

C. Utilities _____ \$ _____

D. Other: _____ \$ _____

Total \$

6. State the specific purposes for which the entire net rental proceeds are to be devoted and in what manner.

I swear, or affirm that the information and statements contained herein have been examined by me and to the best of my knowledge and belief are true, correct and complete.

Signature of Officer or other authorized person

Title

Date signed

