GC-2A **APPLICATION FOR GAMES OF CHANCE LICENSE**

NYS RACING & WAGERING BOARD
1 Broadway Center, Suite 600
Schenectady, NY 12305-2553
Telephone (518) 395-5400 Fax (518) 347-1469
www.racing.state.ny.us

Name of Organization

GC- ___ - ___ - ___ - _____ ___ / ___ / ___

NYS 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	STREET ADDRESS	CITY	ZIP
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Attach additional sheet if necessary.

SCHEDULE 2: MEMBERS IN CHARGE OF GAMES

(MUST LIST AT LEAST FOUR MEMBERS OF APPLICANT ORGANIZATION)

NAME	DATE OF BIRTH	YEARS OF MEMBERSHIP	STREET ADDRESS	CITY	ZIP
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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	DATE OF BIRTH	YEARS OF MEMBERSHIP	STREET ADDRESS	CITY	ZIP
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Attach additional sheet if necessary.