REV-1752 AS (03-12)

**Licensing Authority** – Enter County Name or Governing Authority Name, Address and Telephone Number

# ELIGIBLE ORGANIZATION GAMES OF CHANCE APPLICATION

Please Print or Type.

FOR	LICENSING AUTHORITY					
USE ONLY						

TYPE OF APPLICATION   FEE   EXPLANATION   Required for original and every renewal application.   Limited Occasion License   \$100   Required for original and every renewal application.   Issued only if original is defaced, destroyed or lost. Contact the licensing authority for current fee.    Name of Municipality (city, borough, incorporated town or township)     43   Liquor Identification Number (LID)     44   Liquor Identification Number (LID)	☐ Initial Application ☐ Annual Renewal  The licensing authority must be notified of changes to the information included  Submit a check, cashier's check or money order payable to the licensing		hange of Data		
Submit a check, cashier's check or money order payable to the licensing authority named above for the fee due.  TYP OF APPLICATION FEE EXPLANATION  Games of Chance License \$100 Required for original and every renewal application.  Limited Occasion License \$10 Required for original and every renewal application.  Succeeding the original is defaced, destroyed or lost. Contact the licensing authority for current refee.  Name of Municipality (city, borough, incorporated town or township)  Indicate Type of Organization (See instructions on Page 4.)  Indicate Type of Organization (See instructions on Page 4.)  Indicate Type of Organization (See instructions on Page 4.)  Location of Organization and Licensed Premises  A. Address of Normal Business or Operating Site  Street  County  City State ZIP Code  Telephone Number  (Ity State ZIP Code	Submit a check, cashier's check or money order payable to the licensin		3	ave of the change	
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	☐ Other (Explain)				
	, A. Eligible organization's operating day				



As the executive officer or secretary of the eligible organization, I certify, under penalties of perjury and falsification found in 18 Pa. C.S.A. §4901 et seq., that:

- A. No person under 18 years of age shall be permitted to operate or play games of chance.
- **B.** No person who will manage, set up, supervise or participate in the operation of games of chance has been convicted of a felony, a violation of the Bingo Law, or the Local Option Small Games of Chance Act.
- C. The facility in which games of chance are to be played has adequate means of ingress and egress and adequate sanitary facilities available in the area and meets all Department of Health and other local or federal sanitary requirements.
- D. The eligible organization is the owner of the premises upon which the games of chance are played; or, if it is not, the organization is not leasing such premises from the owner under an oral agreement, nor is it leasing such premises from the owner under a written agreement as a rental which is determined by the amount of receipts realized from the playing of games of chance or by the number of people attending, except for a banquet where a per head charge is applied connecting to the serving of a meal.
- E. The organization has not been convicted of a violation of the Act of Dec. 19, 1988 (P.L. 1262, No. 156), known as the Local Option Games of Chance Act.

I have examined this application, including accompanying schedules and statements, and to the best of my knowledge and belief, all information provided is true, correct and accurate.

Signature of Officer Preparing Application	Date of Birth	Title		Date	
Print Name		Social Security Number (Optional)		Telephone Number	
				( )	
12 COMMONWEALTH OF PENNSYLVANIA					
COUNTY OF					
Before me this day personally appeared according to law, deposes and says that the staten Subscribed and sworn to before me this date:	nents contained in	the foregoing application	on are true and o	who, being duly sworn correct.	
Mor		Day	Year		
(Seal)					
(Sec.)					
		My commission expire	es on		
Notary Signature					

#### FALSE OR FRAUDULENT APPLICATION IS PUNISHABLE BY A FINE OF \$1,000, IMPRISONMENT FOR ONE YEAR OR BOTH.

## THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THE APPLICATION (use 8 1/2" X 11" sheets where possible).

- 1. Check, cashier's check or money order in the amount of the total application fee payable to the licensing authority named on Page 1 of this application.
- 2. Schedule Sheet.
- If incorporated, a copy of the applicant's articles of incorporation. If not incorporated, a copy of bylaws or other legal documents that define
  the organization's structure and purposes. Documentation indicating the organization has been fulfilling its purpose for one year prior to applying for a license is required.
- 4. A copy of the applicant's Internal Revenue Service tax exemption approval letter or official documentation indicating the applicant is a non-profit charitable organization.
- 5. Details and copies of all written lease or rental arrangements between the applicant and the owner of premises upon which the games of chance will be conducted, if such premises are leased or rented. If premises are owned, provide a copy of the deed.
- 6. Effective March 3, 2012, each application for a license must include the results of a criminal history check from the Pennsylvania State Police for the executive officer and secretary of the eligible organization making the application.
- 7. Effective Feb. 1, 2013, each application for a club license must include the most recent report filed with the department.

# SCHEDULE SHEET FOR ELIGIBLE ORGANIZATION GAMES OF CHANCE LICENSING

Please Print or Type All Information.

SCHEDULE A - Check which type(s) of games of chance the organization will conduct:							
☐ Daily/Weekly Drawings		Pull Tabs	☐ Punch Bo	pards	☐ Raffles		
SCHEDULE B - List the following data for all of ling 10 percent or more of outs data of any other financially re	standing stock. If organiz						
Full Name	Date of Birth	Title or Relation	ship	Social Securi	ty Number (Option –	nal)	
Complete Mailing Address				Telephone No	ımber		
Full Name	Date of Birth	Title or Relation	ship	Social Securi	ty Number (Option –	nal)	
Complete Mailing Address	I			Telephone No	ımber		
Full Name	Date of Birth	Title or Relation	ship	Social Securi	ty Number (Option –	nal)	
Complete Mailing Address				Telephone Number			
SCHEDULE C - List all persons who will be res	ponsible for operation of	games of chance, in	ncludina emplove	ees, bar pers	onnel and	_	
organizational members or aux			ite use of games	of chance.		221)	
ruii name	Date of Birth	Title or Relations	snip	- Social Securi	ty Number (Option –	iai)	
Complete Mailing Address	-			Telephone Number			
Full Name	Date of Birth	Title or Relations	ship	Social Securi	ty Number (Option	nal)	
Complete Mailing Address	I			Telephone No	ımber		
Full Name	Date of Birth	Title or Relations	ship	Social Securi	ty Number (Option	nal)	
Complete Mailing Address				Telephone No	ımber		
SCHEDULE D - List distributors with which the	organization anticipates	doing business:				_	
Name of Distributor		mplete Mailing Addre	ess	Tel	ephone Number		
				(	)		
				(	)		
				(	)		
				(	<u>,                                    </u>		
SCHEDULE E - List all auxiliary groups of the	applicant conducting gan	acc of chance under	the applicant's l	iconcol			
		nes of chance under	тне аррисант в п	icense:			
1							
2							
3. 4.							
5.							

# INSTRUCTIONS FOR COMPLETING ELIGIBLE ORGANIZATION GAMES OF CHANCE APPLICATION

The licensing authority (County Treasurer, or in any home-rule county where there is no elected treasurer, the designee of the governing authority) should enter the county name or governing authority name, address and telephone number in the space provided at the top of the application prior to making application forms available to the local eligible organizations.

Questions regarding games of chance and this application should be referred to the licensing authority on Page 1 at the top of the application. If the information is missing, refer to the government section of your local telephone book to determine the name and address of your county licensing authority.

### APPLICATION INSTRUCTIONS

#### **SECTION 1**

- Applicant must check the appropriate block to indicate the type of application the organization is submitting.

## SECTION 2

- Check type of application.
- Games of Chance License A games of chance license authorizes the licensee to conduct games of chance during the eligible organization's licensing term. A licensee is eligible to apply for special raffle permits.
- Limited Occasion License A limited occasion license authorizes the licensee to conduct games of chance on a limited basis (on no more than three occasions over a period of no more than seven days during the license term). An organization that has a normal place of business (owned or leased) is not eligible for a limited occasion license.
- Enclose the application fee (check, cashier's check or money order) payable to the county licensing authority identified on Page 1.

#### SECTION 3

- The municipality where the organization's licensed premise is physically located.

# **SECTION 4 - 8 -**

Enter specific information regarding the organization. Enter in Section 5 the type of organization applying for license: charitable, religious, civic and service association; sportsman or wildlife association; volunteer fire company; volunteer rescue squad; volunteer ambulance association; bona fide senior citizens organization; club under Liquor Code 102; school booster organization; fraternal and veteran's organization; etc.

#### **SECTION 9**

- Generally, if an eligible organization owns or leases a premises as its normal business or operating site, that premises shall be the licensed premise for purposes of operating games of chance. If an eligible organization does not own or lease a premises upon which normal business or operations is conducted, it may, by agreement, use the licensed premises of another licensed eligible organization or make other arrangements for a licensed premises. Leases for licensed premiseses must be in writing.
- The organization must provide the address of the physical location where normal business operation is conducted. Typically this will be the organization's mailing address and/or licensed premises, and it may be indicated as such by marking the boxes in B and C.
  - If no normal place of business, enter NONE.
- **B.** If the organization has a different mailing address than the address provided in A (such as a Post Office Box), the organization must provide the mailing address in this item.
- If an organization does not own or lease a normal business or operating site, has a normal business operating site with multiple structures or has multiple business or operating sites, it must indicate in this section the location it will use as its premises for conducting games of chance.
  - Information on this line is required for a complete application.

#### SECTION 10 -

- Indicate the eligible organization's hours of operation, dates or days of week and times games are to be played.
- Operating day The period of time during any 24-hour period when an eligible organization conducts its normal activities or holds itself open to its members.
- Nonoperating day A period of time equivalent to an eligible organization's operating day except that the eligible organization is closed to normal activities or to its members during that period of time.
- Operating week Seven consecutive operating days or nonoperating days.

# SECTION 11 -

The executive officer or secretary of an organization must certify statements A through E by completing the personal data required in Section 11 and by signing the application.

### **SECTION 12** - Application must be notarized.

Complete the schedule sheet and enclose other documents listed at the bottom of Page 2 of the application. Social Security numbers are optional.

To obtain your license to conduct and operate games of chance, you must either bring this completed application, payment and other related documents to the Department of Licenses and Inspections located at the Municipal Service Building - Permit and License Center or upload the completed application, payment, and related documents online at eCLIPSE.phila.gov.