

## **GC-RCF: Raffle Consent Form**

<u>Instructions</u>: This form must be completed by an authorized organization that intends to sell raffle tickets or conduct a raffle drawing in a municipality other than the city, town or village within which it is domiciled, or intends to hold a raffle drawing on other than its premises, the premise of another authorized organization or municipally owned property. This form must be submitted to the NYS Gaming Commission at least *45 days prior* to the start of such raffle ticket sales or raffle drawing and will be submitted to the respective municipalities on the organization's behalf. The form will be returned to the organization by the Commission upon approval or denial by the respective municipalities.

Mail or fax to: NYS Gaming Commission, Charitable Gaming, P.O. Box 7500, Schenectady, NY 12301 (518) 347-1469

Complete **Part A** if the organization intends to *sell* raffle tickets in a municipality other than the city, town or village within which it is domiciled. List the names of all the municipalities by the specific City, Town or Village where the organization intends to sell raffle tickets in Column A of the *GC-RCF Municipality Checklist*.

Complete **Part B** if the organization intends to *conduct a raffle drawing* in a municipality other than the city, town or village within which it is domiciled, *or* if the organization intends to *conduct a raffle drawing* on other than its premise, the premise of another authorized organization or municipally owned property (even if within your municipality). List the name of the municipality where the organization intends to conduct your drawing in Column A of the *GC-RCF Municipality Checklist*, if it is a municipality other than the municipality within which the organization is domiciled.

Part A:					
I,				,	
(Print	t Name of Officer)		(Print Title)		
Name of Organization:				,	
Street Address:				,	
City, Town or Village:		, Zip Code:	, County:	,	
requests permission to sell raffle Town or Village within which v		in a munici (Date)	pality or municipaliti	es other than the City	
Signature of Officer		Email		Date	
Contact Name and Title (if differe	ent) Contac	ct Email (if different)	I	Phone Number	
TO BE COMPLETED BY I					
1 7			(Title)		
Approved/Denied by:					
(Circle one)	(Print Name)	(Signat	ture)	(Date)	

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GC		-		
(	Identificat	ion Number,	if required)	

Part B:			
· ,		,	
(I	Print Name of Officer)		(Print Title)
Name of Organization:			
Street Address:			
City, Town or Village:		, Zip Code:, Co	ounty:
• •	C	er than the premise of another author	
nunicipally owned propert	ty in	n or Village)	(G )
	(City, Town	n or Village)	(County)
t		, on _	
(Name and	address of location where drawing	g will be held)	(Date of drawing)
Signature of Office	eer	Email	Date
Contact Name and Tit	le (if different)	Contact Email (if different)	Phone Number
O RE COMPLETED	BY MUNICIPAL CLE	QK.	
TO BE COM EETED	DI MOMENTAL CLEI	XIX.	
Name of Municipality:			
			(Title)
Approved/Denied by:			
(Circle one)	(Print Name)	(Signature)	(Date)

## **GC-RCF Municipality Checklist**

Name of Organization:						
GC	Calendar Year:					
Instructions: Column A of this <i>G</i> Form by an authorized organization the city, town or village within vILLAGE. Complete only Column A of this <i>G</i>	on that intends to sell raffle ticke which it is domiciled. You <b>MU</b>	ts or conduct a ra	affle drawing in	a municipa	lity other than	
This GC-RCF Municipality Chec Commission at least 45 days prior will be returned to the organization	r to the start of such raffle ticket	sales or raffle d	rawing. The cl	hecklist and	consent form	
(	<b>A</b> )	(B)	(C)	<b>(D)</b>	<b>(E)</b>	
	Municipality n or Village and County)	Approved	Approved No Response	Denied	Denied No Local Law	
NYS GAMING COMMISSION US	SE ONLY:					
(Print Name)	(Title)	<del></del>	(Signature)	<del></del>	(Date)	

 www.gaming.ny.gov

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