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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

APPLICATION FOR
REGISTRATION AND
IDENTIFICATION NUMBER



Check the type of program(s) you are applying for: Bell Jars Casino Night Raffles Bingo

Check appropriate box: New Update Assisting Only

Date of Application: / /

1. Name of applicant organization

2. Physical street address of organization (cannot be a PO Box):

Street Address City Zip

3. Mailing Address if different than above (may be a PO Box):

Street Address/PO Box City State Zip

4. Municipality where the organization is physically located or where the organization meets:

CITY / TOWN / VILLAGE of Name of Municipality
(PLEASE CIRCLE ONE)

County in which the organization is located: _____

5. Date the applicant organization was formally organized: / /

Note: an organization must be in existence for a minimum of three years prior to applying for games of chance and one year for bingo

6. Has a games of chance identification number ever been issued to the applicant organization? Yes No

If yes, list the ID#: - - -

7. Has a bingo identification number ever been issued to the applicant organization? Yes No

If yes, list the ID#: - - -

8. State the type of the organization (religious, educational, veterans, etc.): _____

9. Has the applicant ever been known by another name? Yes No If yes, state name and address:

Name Street Address City State Zip

10. Is the organization incorporated? Yes No

11. Does the applicant have a governing body (i.e. Board of Directors)? Yes No

If yes, how many members are there in that governing body? _____

12. State current number of bona-fide members of the applicant excluding the governing body: _____

NOTE: A person must be a bona-fide member of the organization for a minimum of one year in order to be involved in the conduct of licensed games of chance.

13. Please give time and address of regular membership meetings:

Time Address



14. Does the applicant organization own or lease its premise? (circle one) **OWN / LEASE**

15. Will the applicant organization conduct games of chance Yes No and/or bingo Yes No on its own premises? Yes No If not, list the name and address of the premises to be used:

Name Street Address City State Zip

NOTE: An organization is limited to the location where games of chance/bingo can be conducted. Please review the games of chance/bingo rules and regulations regarding authorized locations available on our website at www.racing.state.ny.us

16. Please list the name of the licensed games of chance/bingo supplier where the organization intends to purchase/lease its equipment from:

NOTE: This does not include raffle tickets.

ATTACH ONE COPY OF EACH OF THE FOLLOWING:

- 1 - If incorporated: provide a copy of the articles of incorporation and by-laws;
If not incorporated: provide a copy of the constitution and by-laws;
- 2 - If the organization has a charter, please include a copy;
- 3 - Please provide a list of the names and addresses of the members of the governing body including titles.

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.

Head of the Organization Signature

Head of the Organization Home Mailing Address

Head of the Organization Print

Head of the Organization Home Phone Number

STATE OF NEW YORK
 COUNTY OF _____
 CITY/TOWN/VILLAGE OF _____
 } SS

_____ being duly sworn deposes and says that (s)he is the person above named, that (s)he has read the foregoing statement and the answer therein noted, and that such answers are true and that (s)he has personally affixed his (her) signature to this affidavit.

Sworn to before me this _____ day of _____, 20____ Signed _____

Notary Public

Commissioner of Deeds

My Commission expires _____, 20____

