GC-RCF: Raffle Consent Form

GC ______-_______-_______-_______
(Identification Number, if required)
Calendar Year: _________

Instructions: 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 Name of Officer) ____________________________________________________, (Print Title)

Name of Organization: ________________________________________________________

Street Address: ________________________________________________________________

City, Town or Village: ________________________________, Zip Code: __________, County: __________________________,
(circle one)

requests permission to sell raffle tickets starting on ____________ in a municipality or municipalities other than the City, Town or Village within which we are domiciled. (Date)

_________________________ ___________________________ ___________________________
Signature of Officer Email Date

_________________________ ___________________________ ___________________________
Contact Name and Title (if different) Contact Email (if different) Phone Number

TO BE COMPLETED BY MUNICIPAL CLERK:

Name of Municipality: ____________________________________________ (Title)

Approved/Denied by: ____________________________________________ (Print Name) ____________________________ (Signature) ____________________________ (Date)

(Circle one)
Part B:

I, ___________________________________________, ______________________________,
(Print Name of Officer) (Print Title)

Name of Organization: _______________________________________________________,

Street Address: _______________________________________________________________

City, Town or Village: ____________________________, Zip Code: ________, County: ___________,
(circle one)
requests permission to conduct a raffle drawing on other than the premise of another authorized organization or
municipally owned property in ____________________________, ____________________________,
(City, Town or Village) (County)
at ____________________________, on ____________________________.
(Name and address of location where drawing will be held) (Date of drawing)

___________________________________________________________________________
Signature of Officer
___________________________________________________________________________
Email
___________________________________________________________________________
Date

Contact Name and Title (if different) Contact Email (if different) Phone Number

TO BE COMPLETED BY MUNICIPAL CLERK:

Name of Municipality: ___________________________________________ (Title)

Approved/Denied by: ___________________________________________ (Signature) (Date)
(circle one) (Print Name)
# GC-RCF Municipality Checklist

**Name of Organization:** 

**GC _____-_______-_______-_______**  
*(Identification Number, if required)*  

**Calendar Year:** 

**Instructions:** Column A of this *GC-RCF Municipality Checklist* must be completed along with *GC-RCF: Raffle Consent Form* 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. You **MUST** indicate if the municipality is a **CITY**, **TOWN** or **VILLAGE**. Complete only Column A.

This *GC-RCF Municipality Checklist*, along with *GC-RCF: Raffle Consent 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. The checklist and consent form will be returned to the organization by the Commission upon approval or denial by the respective municipalities.

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**NYS GAMING COMMISSION USE ONLY:**

__________________________  ___________________________  ___________________________  ___________________________
(Print Name)  (Title)  (Signature)  (Date)