Division of Charitable Gaming

Municipal Clerk Annual Report
On Games of Chance and Bingo Activities

MUNICIPAL CLERK ANNUAL REPORT FOR CALENDAR YEAR: __________

Please provide the municipal clerk’s name, address, municipality, phone number and email address.

NAME OF CLERK: _______________________________________________________

ADDRESS: _____________________________________________________________

NAME OF CITY, TOWN OR VILLAGE: _______________________________________

(Circle one of the above.)

PHONE NUMBER: _______________________________________________________

EMAIL ADDRESS: _______________________________________________________

### BINGO

1. Total Number of Organizations Conducting Bingo: ________________
2. Total Number of Occasions: _________________________________
3. Total Number of Players: _________________________________
4. Total Receipts (Line A4 of BC-7Q): $____________________
5. Total Net Profit (Line C3 of BC-7Q): $____________________
6. Total Amount of License Fees Collected: $____________________
7. Total Amount of Additional License Fees Collected: $____________________
8. Number of Bingo Inspectors (if any): _______________________

### GAMES OF CHANCE (Las Vegas Nights, Casino Nights, Bazaars, Etc.)

1. Total Number of Organizations Conducting GOC: ________________
2. Total Number of GOC License Periods: _______________________________
3. Total Receipts (Line A4 of GC-7): $____________________
4. Total Net Profit (Line C3 of GC-7): $____________________
5. Total Amount of License Fees Collected: $____________________
6. Total Amount of Additional License Fees Collected: $____________________
## RAFFLES

1. Total Number of Organizations Conducting Raffles: ______________
2. Total Number of Raffles Conducted: ______________

For Raffles Exceeding $5,000 Net Proceeds or between $20,000 and $30,000 in Cumulative Net Proceeds:

1. Total Receipts (Line A3 of GCVS-2) $____________
2. Total Net Profit (Line C1 of GCVS-2) $____________

For Raffles Exceeding $30,000 in Net Proceeds:

1. Total Receipts (Line A3 of GC-7R) $____________
2. Total Net Profit (Line C5 of GC-7R) $___________
3. Total Amount of License Fees Collected: $____________
4. Total Amount of Additional License Fees Collected: $____________

## BELL JAR

1. Total Number of Licenses Issued: ______________
2. Total Amount of License Fees Collected: $____________

## BINGO COMMERCIAL LESSORS

1. Total Number of Licenses Issued: ______________
2. Total Amount of License Fees Collected: $____________