



Check the type of program(s) you are applying for: Bell Jar ___ Casino Nights ___ Raffles ___ Bingo ___

Check appropriate box: New ___ Update ___ Assisting Only ___

1. Name of organization: _____

2. Physical street address of organization (where business is conducted and where meetings are held - cannot be a PO Box and must be located in New York State):

Street Address _____ City _____ County _____ Zip Code _____

Organization's Website _____

Phone Number _____

3. Mailing address (if different from physical address):

Street Address/P.O. Box _____

City _____

County _____

Zip Code _____

4. Indicate the name of the city, town or village the organization is physically located in:

5. Date the applicant organization was formally organized: _____

6. Does the organization serve one or more of the lawful purposes as defined by Commission Rule 4600.1(e) and/or 4800.1(o) (see instructions for rule citation)? Yes ___ No ___

7. Provide the EIN (Employer Identification Number) issued by the Internal Revenue Service:

8. If the organization has a federal tax exemption, indicate the organization's tax status (e.g. 501(c)(3), 501(c)(4), etc):

Note: If the organization has received a tax exemption status, provide a copy of the determination letter received from the Internal Revenue Service (IRS).

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

If yes, list the identification number: GC ___ - ___ - ___ - _____

10. Has a bingo identification number ever been issued to the organization? Yes ___ No ___

If yes, list the identification number: BC ___ - ___ - ___ - _____

11. State the type of organization (i.e. religious, educational, veterans, etc.): _____

