NEW YORK STATE | Gaming Commission | Division of Charitable Gaming

GC-317: Application to Request the Disbursement of Games of Chance Net Proceeds

1) Name of Organization: _____

2) Mailing Address: _____

3) Phone Number: _____

4) Games of Chance ID Number: _____

5) Name and address of officer(s) responsible for use of proceeds:

_____ _____ _____
(Print Name) (Print Title) (Home Address)

_____ _____ _____
(City, Town or Village) (State) (Zip Code)

_____ _____ _____
(Print Name) (Print Title) (Home Address)

_____ _____ _____
(City, Town or Village) (State) (Zip Code)

6) Amount of disbursement for which permission is sought: $_____

7) Describe purpose for which the proceeds will be used: _____

_____

8) Total unexpended balance in Games of Chance Account(s): $_____
Provide a copy of the three most recent bank statements. (Note: Include all related savings accounts and CDs)

9) Amount realized from the conduct of Games of Chance during the past calendar year:$_____

10) Have you used Games of Chance proceeds for this purpose in the past? _____
If so, how much: $_____

11) Has a previous application been filed for this or any other expenditure? _____
If yes, provide a copy of all NYS Gaming Commission approval letters for the last four years.

12) List other sources of income and amounts per year: _____

_____

13) Will any of the money you propose to spend be used to erect, equip, maintain or renovate a bar or bar room?
_____

14) Have you solicited bids, quotes or estimates for the proposed project? _____ **(*If yes, submit copies of at least two bids, quotes or estimates*)**

15) If proceeds are to be used for building repairs or new construction, give location of premises where repairs or construction will be done.
_____

16) Does organization have title to its premises? _____ If not, furnish name of owner. _____

17) Has any real property of the organization been sold? _____

17a) If so, for how much and what disposition was made of the proceeds? _____

_____

18) List other mortgages or conditional sales contracts outstanding against this property. _____

_____

I hereby swear (or affirm) that I have read and am familiar with Commission Rule 4624.21 and 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.

_____	_____	_____
(Signature)	(Print Name)	(Title)
_____	_____	_____
(Date)	(Phone Number)	(Email Address)