

For Lottery Use Only
License Number:
Expiration Date:

CHARITABLE GAMING INITIAL QUALIFICATION APPLICATION
Idaho State Lottery - Enforcement Division

Instructions: Please allow two weeks for processing. If the application is incomplete, it will be returned.

1. Name of organization (please type or print)				2. Daytime telephone number			
3. Federal identification number (FID)				4. Email address			
5. Address of principal office (number and street; required)				6. Mailing Address (if applicable)			
City	State	Zip	County	City	State	Zip	County
Contact name		Title		Contact's daytime telephone number			

7. Applicant Organization Information and Verification of Existence (complete either 7a. or 7b.)

7a. Tax Exempt Organizations (have Tax-Exempt Status from Internal Revenue Service)

Date organization formed (mm/dd/yyyy):

Attach a copy of the organization's bylaws, constitutions, or articles of incorporation.

Please attach copies of the following documents:

- Favorable tax exempt status letter from the Internal Revenue Service
- Minutes of Meeting held within the last 12 months
- Bylaws that are dated
- Descriptions and results of fundraising activities held within the previous twelve months
- Copies of bank statements (one month from current year and one month from prior year)

7b. Non-Profit Organizations that are NOT tax exempt under section 501 of Internal Revenue Code

Date organization formed (mm/dd/yyyy):

Attach a copy of the organization's bylaws, constitutions, or articles of incorporation.

If your organization is a non-profit corporation in the State of Idaho, please attach copies of the following documents:

- A copy of organization's Certificate of Existence issued by the Idaho Secretary of State
- Minutes of meeting held within the last 12 months
- Bylaws that are dated
- Copies of bank statements (one month from current year and one month from prior year)
- Membership List
- Descriptions and results of fundraising activities held within the previous twelve months
- Copy of most recent Federal Income Tax Return (Form 1120 or 1120s)
- In the space provide below, please provide a detailed description of the activities conducted by your organization which you believe would qualify you as a bona fide non-profit charitable organization.

8. Officers/Directors - please complete ALL of the information requested below (attach additional sheets if necessary)

Full Name & title held in organization	Home Address	Date of Birth	Soc. Security # & Drivers License #	Telephone Numbers
1			SSN: DL:	H W

2			SSN:	H
			DL:	W
3			SSN:	H
			DL:	W
4			SSN:	H
			DL:	W
5			SSN:	H
			DL:	W
6			SSN:	H
			DL:	W

9. Have any officers/directors listed in #8 above, or on any attachments, been convicted of a felony within the past ten (10) years in any jurisdiction? Yes No

If Yes answered above, in the space below list individual's name and a detailed description of the offense(s), i.e. where, when, charge(s) (attach additional sheets if more space is needed): _____

10. Type Of License for which organization is applying:

Bingo

For Raffle only, complete #12

Raffle

For Bingo only, complete #13

Bingo and Raffle

For Bingo & Raffle, complete #s 12 & 13

11. List the physical location where your organization's charitable gaming financial records will be maintained.

Address		
City	State	Zip

12. RAFFLE

If the organization is applying for a license to conduct Raffles or Bingo & Raffles complete this section.

(If the organization is applying for a license to conduct **Bingo only**, skip to #13)

A. List the person(s) from within your organization who will be responsible for managing raffle(s)

Full Legal Name	Home Address (number and street, city, state, zip code)	Title	Home Telephone Number

B. RAFFLE DETAILS

Date Ticket Sales Begin: _____ Date Ticket Sales End: _____
 Date Drawing to be Held: _____
 Address Drawing to be Held: _____
 List Prizes to be Ruffled: _____

Attach separate sheet for raffle information if more space is needed.

C. CERTIFICATION OF PRIZE OWNERSHIP

We certify that the organization named above as the applicant is the legal owner of all the prizes being offered in our raffle(s). (**Certification must be signed by an authorized officer of the organization**)

Signed: _____ Date: _____
 Title: _____

13. BINGO

If the organization is applying for a license to conduct Bingo complete this section.

A. List the person(s) who will be responsible for managing your bingo operation

Full Legal Name	Home Address (number and street, city, state, zip code)	Title	Home Telephone Number

B. Bingo Sessions

Bingo will be held on the following days: (Note: Idaho Code allows each licensed organization to conduct no more than three bingo sessions per week)

<input type="checkbox"/> Monday	<table border="1"><tr><th>Hours</th></tr><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>	Hours					<input type="checkbox"/> Friday	<table border="1"><tr><th>Hours</th></tr><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>	Hours				
Hours													
Hours													
<input type="checkbox"/> Tuesday		<input type="checkbox"/> Saturday											
<input type="checkbox"/> Wed.		<input type="checkbox"/> Sunday											
<input type="checkbox"/> Thurs.													

C. List the organization's separate and segregated charity bingo checking account information

Account	Name of Bank	Address (number & street)	City	State	Zip	Account Number
Charitable						
Bingo						
Names of Authorized Signers:						
1		2		3		

D. List the manufacturer(s) and/or distributor(s) from whom you intend to purchase bingo supplies

Name	Address (number & street)	City	State	Zip	Items

E. Does your organization own bingo equipment or devices Yes No

If yes, list the distributor/manufacturer's name, date of purchase, purchase price and type of equipment or device purchased.

Name of distributor/manufacturer	Date of purchase	Purchase Price	Type of Equipment

14. CERTIFICATION

We, the undersigned ranking officers of subject organization, do hereby state that all charitable or non-profit bingo and raffles operated by subject organization under this license will be conducted in compliance with Idaho Statute and Administrative Rules governing bingo and raffles. We also certify under penalty of perjury that there are no misrepresentations or falsifications in the information stated in this application. We understand that false or misleading statements will cause rejection of this application and/or revocation of future license(s). Under Idaho Code 67-7425, it is a felony to willfully omit disclosure or provide false information.



Signature of Presiding Officer

Date (month, day, year)

Printed Name

Title

Daytime telephone number



Signature of Secretary

Date (month, day, year)

Printed Name

Daytime telephone number

Notary

Personally appeared the signers of the foregoing statement and made oath before me to the truth of matters contained therein.

Signed (Notary Public)

Date

Commission Expires