



IDAHO LOTTERY ENFORCEMENT DIVISION

**FOR LOTTERY USE ONLY**

License Number:

Expiration Date:

## CHARITABLE GAMING INITIAL QUALIFICATION APPLICATION

*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.

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.

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
- 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)
- Membership List
- Copy of most recent Federal Income Tax Return (Form 1120 or 1120s)
- In the space provided 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.

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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	Social Security and Drivers License Numbers	Telephone Numbers
A			SSN:	H:
			DL:	W:
B			SSN:	H:
			DL:	W:
C			SSN:	H:
			DL:	W:
D			SSN:	H:
			DL:	W:
E			SSN:	H:
			DL:	W:
F			SSN:	H:
			DL:	W:

9. Have any officers/directors listed in #7 above, or on any attachments, been convicted of a felony or misdemeanor within the past ten (10) years in any jurisdiction? ☐ YES ☐ NO

If Yes, 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:

☐ RAFFLE

For Raffle only, complete #11

☐ BINGO

For Bingo only, complete #12

☐ RAFFLE and BINGO

For Bingo & Raffle, complete #11 & #12

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

Address		
City	State	Zip

## 12. RAFFLE

Complete this section if your organization is applying for a license to conduct Raffles or both Bingo & Raffles.

(If the organization is applying for a license to conduct Bingo only, skip to #12)

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

Full Legal Name	Home Address (number and street, city, state, zip code)	Title	Home Phone 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 Raffle: \_\_\_\_\_

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 (officer): \_\_\_\_\_

## 13. BINGO

Complete this section if your organization is applying for a license to conduct Bingos or both Bingo & Raffles.

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

Full Legal Name	Home Address (number and street, city, state, zip code)	Title	Home Phone 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 <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	<table border="1" style="width: 100%;"> <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 <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<table border="1" style="width: 100%;"> <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													

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 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 Phone Number



Signature of Secretary

Date (month, day, year)

Printed Name

Daytime Phone Number

Notary Public

State of \_\_\_\_\_ )

)

County of \_\_\_\_\_ )

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Subscribed and sworn to before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

My commission expires: \_\_\_\_\_

Mail completed application to:

Idaho Lottery Enforcement Division  
P.O. Box 6537, Boise, ID 83707-9246



**IDAHO STATE POLICE**  
**BUREAU OF CRIMINAL IDENTIFICATION**  
**NAME BASED CRIMINAL BACKGROUND CHECK FORM**  
of the Idaho Central Repository of Criminal History Records  
**Conducted for the Idaho Lottery**




*Please print clearly in blue or black ink only. **Illegible forms will be returned for clarification.***

**Incomplete forms will be returned unprocessed.**

<b>REQUEST</b>				
Please provide an Idaho Criminal History on the individual named below.				
Last Name	First Name	Middle Name		
Alias Names (Include Maiden/prior Married Names) <b>Please provide both first and last name.</b>				
Date of Birth (mm/dd/yyyy)	Social Security Number (optional)		Sex	Race
Address	City	State	Zip	
<b>WAIVER</b> Idaho law does <b>not</b> require a waiver. However, without a signed waiver from the subject of the record, any arrest more than 12 months old, <b>without</b> a disposition, cannot be given to a non-criminal justice agency. Any waiver other than this waiver will not be accepted. I hereby give permission for the requester, named below, to receive any information maintained by the Idaho Bureau of Criminal Identification concerning myself.  Signature _____ Date _____ <i>This signature on the waiver must be within 180 days of the name check submission.</i>				

**TO BE COMPLETED BY IDAHO LOTTERY**

**Incomplete forms will be returned unprocessed.**

Requesting Person or Company IDAHO LOTTERY PLEASE BILL BCI0059	Address of Requester (Results will be mailed to this address) Street <u>1199 SHORELINE LANE, SUITE 100</u> City, State & Zip Code <u>BOISE, ID 83702</u>	
Printed Name of Requester (Print Legibly) Tony Pittz	Signature of Requester 	Phone Number of Requester 208-334-2277

**General Information:**

Idaho law does not require a person to give consent. However, without a signed release from the subject of record, any arrest more than 12 months old, without a disposition, cannot be given to a non-criminal justice agency. **Results of a Name Based Criminal Background check cannot be notarized.**

Criminal history record information furnished as a result of a non-fingerprint based computerized search is based solely on a search of identifiers provided in the request. Be aware it is not uncommon for criminal offenders to use alias names and false dates of birth, which would adversely affect the completeness and accuracy of a non-fingerprint based search of the Idaho Central Repository of Criminal History Records. No other state or federal agency records can be searched under current law. The bureau does not telephone or fax responses. Please allow ample time for processing this request. Requests are processed on a first come basis.

The records maintained by the Idaho Bureau of Criminal Identification (BCI) are based upon the felony and serious misdemeanor arrests reported to BCI from other Idaho criminal justice agencies. If a person disputes the accuracy of information obtained, that person may challenge the information by writing to the address on this form.

Idaho code 67-3008 (6) states, "A person or private agency or public agency, other than the department, shall not disseminate criminal history record information obtained from the department to a person or agency that is not a criminal justice agency or court without a signed release of the subject of record unless otherwise provided by law.

Return Completed form to:  
Idaho Lottery Enforcement Division  
PO Box 6537  
Boise, ID 83707

Checks conducted for the Idaho Lottery by:  
Bureau of Criminal Identification  
Idaho State Police  
Meridian, ID

Rev. 7/10/2017

### Charity and/or Non-Profit To Receive Funds

[illegible]