GC-2

NYS RACING & WAGERING BOARD
1 Broadway Center, Suite 600
Schenectady, NY 12305-2553
Telephone (518) 395-5400 Fax (518) 347-1469
www.racing.state.ny.us

APPLICATION FOR:
PLEASE CHECK

GAMES OF CHANCE ☐
(Casino Nights, Bazaars, Carnivals)

BELL JAR ☐

RAFFLE ☐
(only raffles w/ over $30,000 net profits in calendar year)

FOR OFFICE USE ONLY	Municipal License Number	$ Fees Received	Date
			/ /

INSTRUCTIONS: PLEASE FILE THREE SIGNED COPIES WITH MUNICIPALITY

GC - ☐☐ - ☐☐☐ - ☐☐☐ - ☐☐☐☐☐
N.Y.S. Identification Number

IT IS A MISDEMEANOR TO MAKE ANY FALSE STATEMENTS IN THIS APPLICATION

Name of Municipality _____ County _____

PART A. GENERAL

1. Name of Organization ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
2. Address _____
3. Has applicant ever been denied a games of chance license? ☐ Yes ☐ No If "yes", why? (Attach extra sheet if necessary)
4. Check type of organization and, if applicable, give the State and date of incorporation.
   - Corporation ☐
   - Incorporated Association ☐ State incorporated _____ Date ☐☐ / ☐☐ / ☐☐
   - Unincorporated Association ☐ State incorporated _____ Date ☐☐ / ☐☐ / ☐☐
   - Individual ☐
5. Did your corporate status change since your identification number was assigned? ☐ Yes ☐ No
6. Are you doing business under a trade name? ☐ Yes ☐ No If "yes", what is the trade name? _____

PART B. LOCATION OF GAMES

7. Address where games, bell jar, or raffle drawing(s) are to be conducted. _____
8. Name and address of authorized games of chance lessor renting to applicant. _____
9. Does the applicant own the premises? ☐ Yes ☐ No If "yes", how long? _____
10. Capacity for public assembly of premises presently owned or occupied. _____
11. Have premises been regularly used? ☐ Yes ☐ No If "yes", how long? _____
    Are games of chance being played now on these premises or has it ever been? ☐ Yes ☐ No If "yes", give full details.
    _____
12. Are the premises or any part thereof where games of chance are to be played licensed by the State Liquor Authority? ☐ Yes ☐ No If "yes", state the type of license and number. _____
13. Has such license ever been revoked or suspended? ☐ Yes ☐ No If "yes", why? (Explain on a separate sheet, if necessary, and attach.) _____

PART C. PURPOSES OF GAMES

14. State the specific purposes for which the entire net proceeds are to be devoted and in what manner.

_____

_____

I swear (or affirm):

1. That ALL the attached Schedules are a material part hereof and are incorporated herein as if set out in full in the application. All the answers contained in this application are a material part hereof.

2. That the entire net proceeds of all games of chance shall be devoted exclusively to one or more of the "lawful purposes" as defined in the Games of Chance Licensing Law and the Rules and Regulations of the Board.

3. That for each license period for which a license is sought, one or more of the active members under whose supervision the games are to be held, operated and conducted, who is familiar with the Games of Chance Licensing Law, the Rules and Regulations of the N.Y.S. Racing & Wagering Board and local licensing ordinances or laws, will be present at all times, in charge and primarily responsible for the conduct of games.

4. That the undersigned will be responsible for the holding, operation and conduct of all games of chance in accordance with the terms of the license, the provisions of the Games of Chance Licensing Law, the Rules and Regulations of the N.Y.S. Racing & Wagering Board and with the provisions of local licensing ordinances or laws.

5. That the undersigned has read and is familiar with the provisions of the Games of Chance Licensing Law as amended, the Rules and Regulations of the N.Y.S. Racing & Wagering Board, and the local licensing ordinances or laws.

6. That no commission, salary, compensation, reward or recompense will be paid to any person for holding or assisting in the operating or conducting of the games, except to bookkeepers or accountants for professional services in an amount not exceeding that fixed by the Board.

☐☐ / ☐☐ / ☐☐ _____ _____

Date Signature of Head of Organization Print Name

STATE OF NEW YORK

COUNTY OF _____ } SS

CITY/TOWN/VILLAGE OF _____

_____ being duly sworn deposes and says that (s)he is the person above named, that (s)he has read the foregoing statement and the answer therein noted, and that such answers are true and that (s)he has personally affixed his (her) signature to this affidavit.

Sworn to before me this _____ day of _____, 20 _____ Signed _____

_____ _____

Notary Public Commissioner of Deeds

My Commission expires _____, 20 _____