



**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES**  
**OFFICE OF CHARITABLE AND REGULATORY PROGRAMS**

P.O. Box 526, Richmond, VA 23218  
(804) 786-1343, Option 2  
[www.vdacs.virginia.gov](http://www.vdacs.virginia.gov)

**CHARITABLE GAMING PERMIT APPLICATION**  
**(RENEWAL APPLICANT ONLY)**

**General Instructions**

- A. Use this application when applying for a renewal charitable gaming permit, or if an organization has not held a permit the last two years.
- B. Complete the entire application and all attachments.
- C. Place "N/A" if item is not applicable. **Please type or print all answers.** Do not use pencil.
- D. If needed, attach additional documents or explanation sheets.
- E. Ensure this application includes the area code in each instance where a telephone number is requested and it is signed/dated by the appropriate individual(s).
- F. Enclose a non-refundable \$200 application fee payable to: **Treasurer of Virginia**. Volunteer Fire Departments and Rescue Squads who have been recognized by their locality in accordance with § 15.2-955 of the *Code of Virginia*, and who can provide a copy of the ordinance or resolution of the locality, are exempt from the application fee. Organizations that select "type 15" under question 10 are also exempt from the application fee.
- G. Retain a copy for your records.
- H. Mail completed application, applicable fee, and all required attachments to: VDACS, Office of Charitable and Regulatory Programs, P.O. Box 526, Richmond, Virginia 23218.
- I. Allow 45 days for processing a **COMPLETE** application. Incomplete applications and not providing applicable attachments will delay the processing.

**ORGANIZATION INFORMATION**

1. Organization's Federal Tax Payer Identification Number: _____	<b>OCRP#</b>	
	<small>(Office Use Only)</small>	_____
2. Organization's Name: _____		
Mailing Address: _____		
City: _____	State: _____	Zip Code: _____ Telephone: _____
Email Address: _____		Web Page: _____
3. Organization's Physical Location: _____		
City: _____	State: _____	Zip Code: _____ Telephone: _____
Political Subdivision ( <i>City, County or Town</i> ): _____		
Contact Person's Name: _____		Office/ Position Title: _____
<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Contact Person's Telephone: _____		Fax Number: _____
Email Address: _____		
4. Jurisdiction where the organization regularly meets? _____		
	County of: _____	City of: _____
5. Total Number of Members: _____		Total Number of Virginia Residents: _____
Provide a complete list of officers, directors, or bingo/game manager who are involved in the management and operation of charitable gaming activities, including name, address, and membership date.		
<small>Membership list attached with all information?</small>		Yes / No _____
6. Has there been any change in the organization's Articles of Incorporation, By-Laws, Charter, Constitution, and any other organizing documents. _____		
<small>Copies attached?</small>		Yes / No _____
If "yes" is selected under question, then please attach the changed Articles of Incorporation, By-Laws, Charter, Constitution, and other organizing documents.		

## ORGANIZATION INFORMATION

<p>7. Type of Tax Exempt Status Currently with the IRS: (Mark an "X" by the appropriate box)</p>	<p style="text-align: center;">3</p> <hr style="width: 50%; margin: 0 auto;"/> <p style="text-align: center;">10</p>	<p style="text-align: center;">4</p> <hr style="width: 50%; margin: 0 auto;"/> <p style="text-align: center;">19</p>	<p style="text-align: center;">8</p> <hr style="width: 50%; margin: 0 auto;"/> <p style="text-align: center;">Other - Explain on separate page</p>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>501 (c) TYPE</b></div>			
<p>8. Type of Organization: (Mark an "X" by the appropriate box)</p> <p>Please see page 13 of the application for additional information on the types of organization in order to make the appropriate selection.</p> <p>Other: (Explain) _____</p>	<p>Type 1 _____</p> <p>Type 2 _____</p> <p>Type 3 _____</p> <p>Type 4 _____</p> <p>Type 5 _____</p>	<p>Type 6 _____</p> <p>Type 7 _____</p> <p>Type 8 _____</p> <p>Type 9 _____</p> <p>Type 10 _____</p>	<p>Type 11 _____</p> <p>Type 12 _____</p> <p>Type 13 _____</p> <p>Type 14 _____</p> <p>Type 15 _____</p>
<p>9. Did the organization change its tax exempt status (i.e. 501(c) tax exempt status) with the Internal Revenue Service?</p>			<p>Yes / No _____</p>
<p>10. If "yes" is selected under question 9, then please provide a copy of the revised Internal Revenue Service Tax Exempt Determination Letter (i.e. relating to the change in the organization's 501(c) tax exempt status).</p>		<p>Copies attached? _____</p>	<p>Yes / No _____</p>
<p>11. In the last three years, has the organization had a 501(c) status with the Internal Revenue Service revoked or suspended?</p>		<p>If "yes," please explain on a separate page.</p>	<p>Yes / No _____</p>
<p>12. Is the organization in compliance with Federal law relative to the filing, in the last three tax years of mandated Federal Returns (i.e. IRS Form 990, 990EZ, 990N, 990PF, 990T, etc.)?</p>		<p>If "no," please explain on a separate page.</p>	<p>Yes / No _____</p>
<p>13. Attach a copy of the organization's most recent filed Federal Returns (i.e. IRS Form 990, 990EZ, 990N, 990PF, 990T, etc.)</p> <p>If "no" is selected under question 13, then please provide the most recent Financial Statements prepared for the organization, including, but not limited to, balance sheet, income and expenditure statement, etc.</p> <p>If "no" is selected under question 13, then please provide an explanation as to why the organization has not filed any of the Federal Returns (i.e. IRS Form 990, 990EZ, 990N, 990PF, 990T, etc.)</p>		<p>Copies attached? _____</p> <p>Copies attached? _____</p> <p>Copies attached? _____</p>	<p>Yes / No _____</p> <p>Yes / No _____</p> <p>Yes / No _____</p>
<p>14. If your organization is a part of or related to a national and/or state organization, then please provide a letter of good standing from the national or state organization. If the national and/or state office has provided this information to the Department for the current year, please select N/A (not applicable).</p>		<p>Copies attached? _____</p>	<p>Yes / No / N/A _____</p>
<p>15. Is your organization recognized as a corporation or a form of limited liability company, as defined by the Code of Virginia, and authorized to do business in Virginia?</p> <p>If "yes" is selected under question 15, then is the organization's name as registered with the Virginia State Corporation Commission the same as provided under question 2.</p> <p>If "no" is selected under the above question, please provide the organization's alternative name under this registration.</p>		<p>If "no," explain on a separate page on how the organization is exempt from this requirement.</p>	<p>Yes / No _____</p> <p>Yes / No _____</p>
<p>16. If "yes" is selected under question 15, then is your organization in "good standing" with the Virginia State Corporation Commission?</p>		<p>If "no," please explain on a separate page.</p>	<p>Yes / No _____</p>

## ORGANIZATION INFORMATION

17. Is the organization registered with the Department to solicit charitable contributions in the Commonwealth of Virginia pursuant to the Virginia Solicitation of Contributions law? *If "no," please explain on a separate page how the organization is exempt from registration.* Yes / No \_\_\_\_\_

If "yes" is selected under question 17, then is the organization's name as registered with the Department the same as provided under question 2. Yes / No \_\_\_\_\_

If "no" is selected under the above question, please provide the organization's alternative name under this registration. \_\_\_\_\_

18. Has any officer, director, or bingo/game manager who participates in the management or operation of any charitable gaming activity ever been (i) convicted of a felony, (ii) convicted of any misdemeanor involving fraud, theft or financial crimes within the preceding five years of this application, or (iii) participated in the management, operation or conduct of any charitable game which was found by the Department, Charitable Gaming Board or a court of competent jurisdiction to have been operated in violation of state law, local ordinance, or Board's regulation within the last five years? *If "yes," please provide name, address, and details on a separate page.* Yes / No \_\_\_\_\_

19. Has any officer, director, or bingo/game manager who participates in the conduct of any charitable gaming activity been (i) convicted of a felony in the preceding ten years, (ii) convicted of any misdemeanor involving fraud, theft or financial crimes within the preceding five years of this application, or (iii) participated in the management, operation or conduct of any charitable game which was found by the Department, Charitable Gaming Board or a court of competent jurisdiction to have been operated in violation of state law, local ordinance, or Board's regulation within the last five years? *If "yes," please provide name, address, and details on a separate page.* Yes / No \_\_\_\_\_

20. Is any officer, director, bingo/game manager, or any member who is involved in the conduct, operation, or management of charitable gaming activities related to a licensed manufacturer/supplier, manufacturer's/supplier's agent, employee, member of the manufacturer's/supplier's immediate family or person residing in the same household who offers, provides, or sells gaming products to your organization? *If "yes," please provide name, address, and details on a separate page.* Yes / No \_\_\_\_\_

## CHARITABLE GAMING ACTIVITIES

21. List the location(s), day(s), date(s) and time(s) the charitable gaming activity(s) will be held: (List all planned activities below. If more space is needed or your organization utilizes additional facilities, provide the same information relative to the additional facility on a separate page and attach.)

Building Name (If applicable): \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Political Subdivision (City, County or Town): \_\_\_\_\_

Type of Charitable Gaming Activity: <small>(Mark an "X" by the appropriate box)</small>	<input type="checkbox"/> Bingo  <input type="checkbox"/> Standalone Raffle	<input type="checkbox"/> Paper Instant Bingo, Seal Cards & Pull-Tabs (Social Quarters) <input type="checkbox"/> Texas Hold'em Poker Tournament <input type="checkbox"/> Annual Paper Pull-Tab Event
--	--	---

Day(s) of the Week and/or Frequency of Gaming Activities: \_\_\_\_\_

Doors Open: \_\_\_\_\_ am/pm Doors Close: \_\_\_\_\_ am/pm  
("Doors open" cannot be more than two hours before "begin game time." This requirement only applies to bingo) ("Doors close" cannot be more than two hours after "end game time." This requirement only applies to bingo)

Begin Game Time: \_\_\_\_\_ am/pm End Game Time: \_\_\_\_\_ am/pm

22. Has the organization adopted any "house rules" for the charitable gaming activity identified in question 21, it wishes to conduct? If "yes," please attach a copy of these house rules. Yes / No \_\_\_\_\_

## CHARITABLE GAMING ACTIVITIES

23. Is the organization wishing to conduct a bingo session? If "no," then please go to question 24 of this application. Yes / No \_\_\_\_\_

### FOR BINGO ONLY

a. If "yes" is selected under question 24, then does the organization (i) lease the facility; or (ii) own and has title to the facility where the bingo session is be conducted? (Select One):  Leased Facility  
 Owned Facility

If either "leased facility" or "owned facility" is selected under this particular question, then is the facility located within the (i) county, city or town in which of the organization's principal office, as registered with the State Corporation Commission; or (ii) an adjoining county, city or town of the organization's principal office? Yes / No \_\_\_\_\_

If either "leased facility" or "owned facility" is selected under this particular question, then is the organization (i) an association of war veterans or auxiliary units thereof organized in the United States; (ii) a fraternal association or corporation operating under the lodge system; and (iii) an accredited public institution of higher education or other postsecondary school licensed or certified by the Board of Education or the State Council of Higher Education for Virginia qualified under § 501(c)(3) of the Internal Revenue Code? Yes / No \_\_\_\_\_

If either "leased facility" or "owned facility" is selected under this particular question, then does the establishment have an ABC license granted to it pursuant to Chapter 2 (§ 4.1-200 et seq.) of Title 4.1 of the *Code of Virginia* ? Yes / No \_\_\_\_\_

If "yes" is selected under this particular question, then is the organization wishing to conduct bingo (i) at an establishment that has been granted an ABC license pursuant to Chapter 2 (§ 4.1-200 et seq.) of Title 4.1 of the *Code of Virginia* and (ii) such ABC license is held by the organization? Yes / No \_\_\_\_\_

If "yes" is selected under this particular question, then please provide a copy of the ABC license granted to the organization pursuant to Chapter 2 (§ 4.1-200 et seq.) of Title 4.1 of the *Code of Virginia* . Copy attached? Yes / No \_\_\_\_\_

If either "leased facility" or "owned facility" is selected under this particular question, then is the facility used by more than one organization for the purpose of conducting charitable gaming activities? If "yes," is selected under this question, then please provide the name of each organization utilizing this facility on a separate page. Yes / No \_\_\_\_\_

If "leased facility" is selected under this particular question, then attach a copy of the current lease for the facility where the bingo session is to be conducted by the organization. Lease attached? Yes / No \_\_\_\_\_

If "leased facility" is selected under this particular question, then please provide the following information on the landlord.

Landlord's Corporate Name: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_  
First Name Middle Name Last Name

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

If "leased facility" is selected under this particular question, then please provide the following information on the facility.

Facility's Name: \_\_\_\_\_

Facility Manager's Name: \_\_\_\_\_  
First Name Middle Name Last Name

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

b. If "yes" is selected under question 24, then is the equipment used to conduct the bingo session contracted or owned by the organization? (Select One or Both):  Contracted Equipment  
 Owned Equipment

Other (Explain) : \_\_\_\_\_

If "contracted equipment" is selected under this particular question, then attach a copy of the current agreement for the equipment. Agreement attached? Yes / No \_\_\_\_\_

## CHARITABLE GAMING ACTIVITIES

c. If "yes" is selected under question 24, then list the name of all manufacturers and/or suppliers who have sold charitable gaming supplies to your organization, or who the organization anticipates obtaining them from

Supplier's Name: \_\_\_\_\_

Supplier's Name: \_\_\_\_\_

Supplier's Name: \_\_\_\_\_

24. Is the organization wishing to conduct a raffle event outside of a bingo session? If "no," then please go to question 25 of this application.

Yes / No \_\_\_\_\_

### FOR STANDALONE RAFFLE ONLY, INCLUDING QUEEN OF HEARTS, KING OF CLUBS & DUCK RACES

a. If "yes" is selected under question 24, then will the raffle event be held in conjunction with a casino or Las Vegas night?

Yes / No \_\_\_\_\_

b. If "yes" is selected under question 24, then what date does the organization plan to begin raffle ticket sales?  
(Tickets cannot be sold until receipt of a valid amended charitable gaming permit.)

\_\_\_\_\_ Month/Day/Year

Date and time of the raffle drawing:

\_\_\_\_\_ | \_\_\_\_\_  
Month/Day/Year      Time

c. If "yes" is selected under question 24, then what is the raffle prize to be given away? (Use separate page, if necessary.)

d. If "yes" is selected under question 24, then was the tangible prize(s) purchased and/or donated and what is the fair market value of each prize? (Use additional page, if necessary.)

Describe Tangible Prize: _____	Describe Tangible Prize: _____
(Select One) <input type="checkbox"/> Prize Donated <input type="checkbox"/> Prize Purchased	(Select One) <input type="checkbox"/> Prize Donated <input type="checkbox"/> Prize Purchased
Market Value of Prize: _____	Market Value of Prize: _____

e. If "yes" is selected under question 24, then what is the total purchase price per ticket? (i.e. 1 ticket for \$5 and 4 tickets for \$15)

f. If "yes" is selected under question 24, then will volunteers/members who sell the raffle tickets be allowed to buy raffle tickets?

Yes / No \_\_\_\_\_

If "yes," is selected under this particular question, then please provide specific information on a separate page on how the organization intends to maintain integrity of the raffle with this allowance.

Page attached? Yes / No \_\_\_\_\_

g. If "yes" is selected under question 24, then please provide specific information on a separate page on the raffle activity, including who will be responsible for its oversight, and all rules of play (i.e. what happens if not enough tickets are sold or how many days a winner has to claim the prize.)

Page attached? Yes / No \_\_\_\_\_

h. If "yes" is selected under question 24, then will all of the raffle tickets be sold within the Commonwealth of Virginia?

Yes / No \_\_\_\_\_

If "no" is selected under this particular question, then is the organization compliant with all of the regulations of the jurisdictions where the raffle ticket will be sold?

Yes / No \_\_\_\_\_

If "no" is selected under this particular question, then please provide an explanation on a separate page on how the organization will sell tickets outside of the Commonwealth of Virginia.

Page attached? Yes / No \_\_\_\_\_

## CHARITABLE GAMING ACTIVITIES

- i. If "yes" is selected under question 24, then does the organization own and has title to the facility or lease the facility where the raffle drawing will occur? (Select One):  Leased Facility  Owned Facility

Other (Explain): \_\_\_\_\_

If "leased facility" is selected under this particular question, then please attach a copy of the current lease that authorizes the organization to use the facility in the conduct of the raffle drawing. Lease attached? Yes / No \_\_\_\_\_

If "leased facility" is selected under this particular question, then please provide the following information on the landlord.

Landlord's Corporate Name: \_\_\_\_\_  
 Landlord's Name: \_\_\_\_\_  
First Name Middle Name Last Name  
 Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

If "leased facility" is selected under this particular question, then please provide the following information on the facility.

Facility's Name: \_\_\_\_\_  
 Facility Manager's Name: \_\_\_\_\_  
First Name Middle Name Last Name  
 Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

- j. If "yes" is selected under question 24, then is the facility used by more than one organization for the purpose of conducting charitable gaming activities? If "yes," is selected under this question, then please provide the name of each organization utilizing this facility on a separate page. Yes / No \_\_\_\_\_

- k. If "yes" is selected under question 24, then is the equipment used to conduct the raffle drawing contracted or owned by the organization? (Select One or Both):  Contracted Equipment  Owned Equipment

Other (Explain): \_\_\_\_\_

If "contracted equipment" is selected under this particular question, then attach a copy of the current agreement for the equipment. Agreement attached? Yes / No \_\_\_\_\_

- l. If "yes" is selected under question 24, then the applicant must submit all pertinent information identified on page 14 of the application. Is the pertinent information attached to this application? Information attached? Yes / No \_\_\_\_\_

25. Is the organization wishing to sell paper instant bingo, seal cards and/or pull-tabs in its social quarters? If "no," then please go to question 26 of this application. Yes / No \_\_\_\_\_

### FOR PAPER INSTANT BINGO, SEAL CARDS AND/OR PULL-TABS (SOCIAL QUARTERS) ONLY

- a. If "yes" is selected under question 25, then is the facility in which paper instant bingo, seal cards and/or pull-tabs are sold open only to the organization's members and their guests? Yes / No \_\_\_\_\_

If "yes" is selected under this particular question, then please provide a copy of the organization's membership requirements and copy of rules, which governs a member's guest. Copies attached? Yes / No \_\_\_\_\_

- b. If "yes" is selected under question 25, then is there controlled access to the facility where paper instant bingo, seal cards and/or pull-tabs are sold? Yes / No \_\_\_\_\_

If "yes" is selected under this particular question, then please provide an explanation on a separate page on how the organization is controlling access to the facility. Page attached? Yes / No \_\_\_\_\_

## CHARITABLE GAMING ACTIVITIES

- c. If "yes" is selected under question 25, then does the organization (i) exclusively and entirely leased the facility; or (ii) own and has title to the facility where the paper instant bingo, seal cards and/or pull-tabs are to be sold? (Select One):
- Exclusively & Entirely Leased Facility  
 Owned Facility

If either "exclusively and entirely leased facility" or "owned facility" is selected under this particular question, then is the facility located within the (i) county, city or town in which of the organization's principal office, as registered with the State Corporation Commission; or (ii) an adjoining county, city or town of the organization's principal office? Yes / No \_\_\_\_\_

If either "leased facility" or "owned facility" is selected under this particular question, then is the organization (i) an association of war veterans or auxiliary units thereof organized in the United States; (ii) a fraternal association or corporation operating under the lodge system; and (iii) an accredited public institution of higher education or other postsecondary school licensed or certified by the Board of Education or the State Council of Higher Education for Virginia qualified under § 501(c)(3) of the Internal Revenue Code? Yes / No \_\_\_\_\_

If either "leased facility" or "owned facility" is selected under this particular question, then does the establishment have an ABC license granted to it pursuant to Chapter 2 (§ 4.1-200 et seq.) of Title 4.1 of the *Code of Virginia* ? Yes / No \_\_\_\_\_

If "yes" is selected under this particular question, then is the organization wishing to sell paper instant bingo, seal cards and/or pull-tabs (i) at an establishment that has been granted an ABC license pursuant to Chapter 2 (§ 4.1-200 et seq.) of Title 4.1 of the *Code of Virginia* and (ii) such ABC license is held by the organization? Yes / No \_\_\_\_\_

If "yes" is selected under this particular question, then please provide a copy of the ABC license granted to the organization pursuant to Chapter 2 (§ 4.1-200 et seq.) of Title 4.1 of the *Code of Virginia* . Copy attached? Yes / No \_\_\_\_\_

If either "exclusively and entirely leased facility" or "owned facility" is selected under this particular question, then is the facility used by more than one organization for the purpose of conducting charitable gaming activities? If "yes," is selected under this question, then please provide the name of each organization utilizing this facility on a separate page. Yes / No \_\_\_\_\_

If "exclusively and entirely leased facility" is selected under this particular question, then attach a copy of the current lease for the facility where the paper instant bingo, seal cards and/or pull-tabs are sold by the organization. Lease attached? Yes / No \_\_\_\_\_

If "exclusively and entirely leased facility" is selected under this particular question, then please provide the following information on the landlord.

Landlord's Corporate Name: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_  
First Name
Middle Name
Last Name

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

If "exclusively and entirely leased facility" is selected under this particular question, then is there any other organization leasing the same facility? Yes / No \_\_\_\_\_

- d. If "yes" is selected under question 25, then list the name of all suppliers who have offered and/or sold paper instant bingo, seal cards and/or pull-tabs to your organization, or who the organization anticipates obtaining them from.

Supplier's Name: \_\_\_\_\_

Supplier's Name: \_\_\_\_\_

Supplier's Name: \_\_\_\_\_

## CHARITABLE GAMING ACTIVITIES

e. If "yes" is selected under question 25, then is the organization (i) intending to advertise or is advertising paper instant bingo, seal cards and/or pull-tabs; and/or (ii) intending to solicit or is soliciting the public to purchase paper instant bingo, seal cards and/or pull-tabs?

Yes / No \_\_\_\_\_

26. Is the organization wishing to conduct an annual paper pull-tab event? If "no," then please go to question 27 of this application.

Yes / No \_\_\_\_\_

### FOR ANNUAL PAPER PULL-TAB EVENT ONLY

a. If "yes" is selected under question 26, then the qualified athletic association, or booster club or a band booster club, which is created solely to raise funds for school-sponsored athletic or band activities for a public school or private accredited school (in accordance with § 22.1-19 of the *Code of Virginia*) or to provide scholarships to students attending such school wishing to conduct an annual paper pull tab event must submit all pertinent information identified on page 15 of the application. Is the pertinent information attached to this application?

Yes / No \_\_\_\_\_

b. If "yes" is selected under question 26, then does the organization own and has title to the facility or lease the facility where the annual paper pull-tab event will occur?

*(Select One):*

- Leased Facility  
 Owned Facility

Other (*Explain*): \_\_\_\_\_

If "leased facility" is selected under this particular question, then please attach a copy of the current lease that authorizes the organization to use the facility in the conduct of the annual paper pull-tab event.

*Lease  
attached?*

Yes / No \_\_\_\_\_

If "leased facility" is selected under this particular question, then please provide the following information on the landlord.

Landlord's Corporate Name: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_

First Name

Middle Name

Last Name

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

If "leased facility" is selected under this particular question, then please provide the following information on the facility.

Facility's Name: \_\_\_\_\_

Facility Manager's Name: \_\_\_\_\_

First Name

Middle Name

Last Name

Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

c. If "yes" is selected under question 26, then list the name of all suppliers who have offered and/or sold paper instant bingo, seal cards and/or pull-tabs to your organization, or who the organization anticipates obtaining them from.

Supplier's Name: \_\_\_\_\_

Supplier's Name: \_\_\_\_\_

Supplier's Name: \_\_\_\_\_

d. If "yes" is selected under question 26, then is the facility used by more than one organization for the purpose of conducting charitable gaming activities? If "yes," is selected under this question, then please provide the name of each organization utilizing this facility on a separate page.

Yes / No \_\_\_\_\_



## CHARITABLE GAMING ACTIVITIES

27. Is the organization wishing to amend its permit in order to conduct a Texas Hold'em poker tournament? If "no," then please go to question 28. Yes / No \_\_\_\_\_

### FOR TEXAS HOLD'EM POKER TOURNAMENT ONLY

- a. If "yes" is selected under question 27, then does the organization (i) exclusively and entirely leased the facility; or (ii) own and has title to the facility where the Texas Hold'em poker tournament is to take place? (Select One):
- Exclusively & Entirely Leased Facility  
 Owned Facility

If either "exclusively and entirely leased facility" or "owned facility" is selected under this particular question, then is the facility located within the (i) county, city or town in which of the organization's principal office, as registered with the State Corporation Commission; or (ii) an adjoining county, city or town of the organization's principal office? Yes / No \_\_\_\_\_

If either "leased facility" or "owned facility" is selected under this particular question, then does the establishment have an ABC license granted to it pursuant to Chapter 2 (§ 4.1-200 et seq.) of Title 4.1 of the *Code of Virginia*? Yes / No \_\_\_\_\_

If "yes" is selected under this particular question, then is the organization wishing to conduct or the organization's wishing to administer its Texas Hold'em poker tournament (i) at an establishment that has been granted an ABC license pursuant to Chapter 2 (§ 4.1-200 et seq.) of Title 4.1 of the *Code of Virginia* and (ii) such ABC license is held by the organization? Yes / No \_\_\_\_\_

If "yes" is selected under this particular question, then please provide a copy of the ABC license granted to the organization pursuant to Chapter 2 (§ 4.1-200 et seq.) of Title 4.1 of the *Code of Virginia*. Copy attached? Yes / No \_\_\_\_\_

If either "exclusively and entirely leased facility" or "owned facility" is selected under this particular question, then is the facility used by more than one organization for the purpose of conducting charitable gaming activities? If "yes," is selected under this question, then please provide the name of each organization utilizing this facility on a separate page. Yes / No \_\_\_\_\_

If "exclusively and entirely leased facility" is selected under this particular question, then attach a copy of the current lease for the facility where the Texas Hold'em poker tournament is conducted by the organization or administered by the organization's operator. Lease attached? Yes / No \_\_\_\_\_

If "leased facility" is selected under this particular question, then please provide the following information on the landlord.

Landlord's Corporate Name: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_  
First Name Middle Name Last Name

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

If "leased facility" is selected under this particular question, then please provide the following information on the facility.

Facility's Name: \_\_\_\_\_

Facility Manager's Name: \_\_\_\_\_  
First Name Middle Name Last Name

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**CHARITABLE GAMING ACTIVITIES**

b. If "yes" is selected under question 27, then will the organization conduct its own Texas Hold'em poker tournament or contract with an operator to administer its tournament. (Select One):  Conduct Its Own Operator  Contract with an Operator

If "contract with an operator" is selected under this particular question, then please identify the operator and provide a copy of the contract.

Operator's Name: \_\_\_\_\_

c. If "yes" is selected under question 27, then list the name of all manufacturers and/or suppliers who have offered and/or sold supplies, such as playing cards, card tables and/or poker chips to be used during a Texas Hold'em poker tournament to your organization, or who the organization anticipates obtaining them from.

Supplier's Name: \_\_\_\_\_

Supplier's Name: \_\_\_\_\_

28. Name of individual responsible for filing financial reports: \_\_\_\_\_

First Name Middle Name Last Name

Relationship to Organization: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

29. Where are the financial records stored and the contact person responsible for these records?

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_ Fax Number: \_\_\_\_\_

First Name Middle Name Last Name

30. Does the organization pay or anticipate paying any caller or bingo manager for participating in the organization's charitable gaming activities? *If "yes," please complete the information below for each individual. Use additional page, if necessary.* Yes / No \_\_\_\_\_

a. Individual's Name: \_\_\_\_\_ Position Title (Select One or Both):  Bingo Caller  Bingo Manager

First Name Middle Name Last Name

Registration Number (BMR/BCR#): \_\_\_\_\_

b. Individual's Name: \_\_\_\_\_ Position Title (Select One or Both):  Bingo Caller  Bingo Manager

First Name Middle Name Last Name

Registration Number (BMR/BCR#): \_\_\_\_\_

31. Describe in detail how the funds derived from the organization's charitable gaming activities will be disbursed in accordance with those lawful religious, charitable, community or educational purposes.

32. Did the organization enter into any contract or agreement, whether verbal or written with a third-party to organize, coordinate, manage, operate, or conduct any of the organization's charitable gaming activities it wishes to conduct? Pursuant to § 18.2-340.33 (2) of the Code of Virginia, it states that "no qualified organization shall enter into a contract with or otherwise employ for compensation any person for the purpose of organizing, managing, or conducting any charitable games." For the purposes of this section, all compensation whether direct or indirect is prohibited to a third-party. Yes / No \_\_\_\_\_

**FOR VOLUNTEER FIRE DEPARTMENTS AND RESCUE SQUADS EXEMPT FROM THE APPLICATION FEE UNDER § 15.2-955 OF THE CODE OF VIRGINIA**

33. Is the organization currently recognized in accordance with § 15.2-955 of the Code of Virginia by an ordinance or resolution by a political subdivision where the organization is located as being part of the safety program of the political subdivision? Yes / No \_\_\_\_\_

34. Date the organization was recognized in accordance with § 15.2-955 of the Code of Virginia by an ordinance or resolution by a political subdivision where the organization is located as being part of the safety program of the political subdivision. \_\_\_\_\_  
Month/Day/Year

35. Name of political subdivision that has recognized the applicant organization as being part of its safety program. \_\_\_\_\_  
City, County or Town

36. Provide a copy of the dated ordinance or resolution issued by the above referenced political subdivision that designates the applicant organization as being part of the safety program of the political subdivision. Copies attached? Yes / No \_\_\_\_\_

## IMPORTANT NOTICE TO ALL ORGANIZATIONS

All organizations conducting charitable gaming must file a quarterly financial report beginning with the month they (1) conduct bingo, (2) conduct instant bingo, seal cards and pull-tabs and (3) begin raffle sales, and each quarter thereafter as long as they have charitable gaming receipts or disbursements, and must file the annual financial report, as prescribed by law.

Failure to do so will result in the automatic revocation of the organization's charitable gaming permit in accordance with § 18.2-340.30 (E) of the *Code of Virginia*.

**Organizations are required to file reports by the following dates:**

### ***Quarterly Report Period***

January 1 - March 31  
April 1 - June 30  
July 1 - September 30  
October 1 - December 31

### ***Quarterly Report Due Date***

June 1  
September 1  
December 1  
March 1

### ***Annual Report Period***

January 1 through  
December 31

### ***Annual Report Due Date***

March 15

**\$25.00 per day late filing penalty.**

To obtain the Financial Reporting Forms, please visit the OCRP web site at [www.vdacs.virginia.gov/charitable-gaming-financial-reporting.shtml](http://www.vdacs.virginia.gov/charitable-gaming-financial-reporting.shtml)

## GAMING PERSONNEL INFORMATION

Section 18.2-340.25 of *Code of Virginia* provides that no charitable gaming permit can be issued prior to a reasonable background investigation conducted by the Office of Charitable and Regulatory Programs.

Please complete this form for the following individual in each office/position:

- (1) President, Chief Executive Officer or equivalent position;                      (3) for each Bingo Manager or Game Manager; and  
(2) Treasurer, Chief Financial Officer or equivalent position;                      (4) for each Charitable Host Representative.

### OFFICE/POSITION

*(Please check the appropriate position box for the individual)*

_____ President, Commander, Chief Executive Officer, Governor, Exalted Ruler or equivalent position	_____ Treasurer, Chief Financial Officer, Financial Officer or equivalent position
_____ Bingo Manager or Game Manager	_____ Charitable Host Representative

### PERSONAL INFORMATION

Answer each section in its entirety and enter your **FULL PROPER LEGAL NAMES** -- applications with initials or incomplete responses will delay processing of the application. If you do not have a middle name, then insert "NMN" (No Middle Name).

Full Name: \_\_\_\_\_ Office/Position Title: \_\_\_\_\_  
Complete First Name      Complete Middle Name      Complete Last Name

Term of Office Holder: \_\_\_\_\_ Begin Term Date: \_\_\_\_\_ End Term Date: \_\_\_\_\_  
Month/Date/Year      Month/Date/Year

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Physical Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Other Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### DISCLAIMER AND AFFIDAVIT

I understand that I am required to submit a Gaming Personnel Information Update Form for any changes within this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Prior to issuance of a license or permit, the Office of Charitable and Regulatory Programs reserves the right to request additional information from those named on this particular "Gaming Personnel Information" form.***

**THE PRESIDENT/CHIEF EXECUTIVE OFFICER, OR DESIGNEE, OF THE ORGANIZATION MUST PRINT HIS/HER NAME, AFFIX HIS/HER SIGNATURE, AND PROVIDE THE DATE.**

I hereby certify that all information provided in this application and attachments are true to the best of my knowledge, information and belief, that I have not knowingly made a false statement of material fact on this application, and that I have read and understand the terms and conditions as set out under the charitable gaming statutes, Charitable Gaming Regulations, and Texas Hold'em Poker Tournament Regulations. I understand that untruthful or misleading answers are cause for denial of the charitable gaming permit. I also agree that the organization listed on this application and its officers, directors, members, and individuals affiliated with the organization will abide by the charitable gaming statutes, Charitable Gaming Regulations, and Texas Hold'em Poker Tournament Regulations during the management, operation and conduct of charitable gaming activities. I understand that if any information on the application changes or is found to be inaccurate, then the organization shall notify the department and provide the updated or corrected information within three business days of the change or the discovery of the inaccuracy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Office/  
Position Title: \_\_\_\_\_  
Complete First Name Complete Middle Name Complete Last Name

Draft

## SUPPLEMENTAL INFORMATION

In order to answer question 8 of the application, please review the types of organizations, as defined by § 18.2-340.16 of the *Code of Virginia*, which defines an "organization" as one of the following:

Type 1. A volunteer fire department or volunteer emergency medical services agency or auxiliary unit thereof that has been recognized in accordance with § 15.2-955 by an ordinance or resolution of the political subdivision where the volunteer fire department or volunteer emergency medical services agency is located as being a part of the safety program of such political subdivision;

Type 2. An organization that is exempt from income tax pursuant to § 501(c)(3) of the Internal Revenue Code, is operated, and has always been operated, exclusively for educational purposes, and awards scholarships to accredited public institutions of higher education or other postsecondary schools licensed or certified by the Board of Education or the State Council of Higher Education for Virginia;

Type 3. An athletic association or booster club or a band booster club established solely to raise funds for school-sponsored athletic or band activities for a public school or private school accredited pursuant to § 22.1-19 or to provide scholarships to students attending such school;

Type 4. An association of war veterans or auxiliary units thereof organized in the United States;

Type 5. A fraternal association or corporation operating under the lodge system;

Type 6. An organization that is exempt from income tax pursuant to § 501(c)(3) of the Internal Revenue Code and is operated, and has always been operated, exclusively to provide services and other resources to older Virginians, as defined in § 51.5-116;

Type 7. An organization that is exempt from income tax pursuant to § 501(c)(3) of the Internal Revenue Code and is operated, and has always been operated, exclusively to foster youth amateur sports;

Type 8. An organization that is exempt from income tax pursuant to § 501(c)(3) of the Internal Revenue Code and is operated, and has always been operated, exclusively to provide health care services or conduct medical research;

Type 9. An accredited public institution of higher education or other postsecondary school licensed or certified by the Board of Education or the State Council of Higher Education for Virginia that is exempt from income tax pursuant to § 501(c)(3) of the Internal Revenue Code;

Type 10. A church or religious organization that is exempt from income tax pursuant to § 501(c)(3) of the Internal Revenue Code;

Type 11. An organization that is exempt from income tax pursuant to § 501(c)(3) or 501(c)(4) of the Internal Revenue Code and is operated, and has always been operated, exclusively to (i) create and foster a spirit of understanding among the people of the world; (ii) promote the principles of good government and citizenship; (iii) take an active interest in the civic, cultural, social, and moral welfare of the community; (iv) provide a forum for the open discussion of matters of public interest; (v) encourage individuals to serve the community without personal financial reward; and (vi) encourage efficiency and promote high ethical standards in commerce, industries, professions, public works, and private endeavors;

Type 12. An organization that is exempt from income tax pursuant to § 501(c)(3) of the Internal Revenue Code and is operated, and has always been operated, exclusively to (i) raise awareness of law-enforcement officers who died in the line of duty; (ii) raise funds for the National Law Enforcement Officers Memorial and Museum; and (iii) raise funds for the charitable causes of other organizations that are exempt from income tax pursuant to § 501(c)(3) of the Internal Revenue Code;

Type 13. An organization that is exempt from income tax pursuant to § 501(c)(3) of the Internal Revenue Code and is operated, and has always been operated, exclusively to (i) promote the conservation of the environment, caves, or other natural resources; (ii) promote or develop opportunities for the use of science and technology to advance the conservation of the environment, caves, or other natural resources; and (iii) raise funds for the conservation of the environment, caves, or other natural resources or provide grant opportunities to other nonprofit organizations that are devoted to such conservation efforts;

Type 14. A local chamber of commerce; or

Type 15. Any other nonprofit organization that is exempt from income tax pursuant to § 501(c) of the Internal Revenue Code and that raises funds by conducting raffles, bingo, instant bingo, pull tabs, or seal cards that generate annual gross receipts of \$40,000 or less, provided that such gross receipts, less expenses and prizes, are used exclusively for charitable, educational, religious or community purposes. Notwithstanding § 18.2-340.26:1, proceeds from instant bingo, pull tabs, and seal cards shall be included when calculating an organization's annual gross receipts for the purposes of this subdivision.

## STANDALONE RAFFLE REQUIREMENTS

Information/questions in this particular section must be completed/answered in its entirety for each standalone raffle, if the organization intends to conduct a standalone raffle outside of a bingo session. Organizations are responsible for ensuring their compliance with all State and Federal laws when conducting its standalone raffle activities.

### RAFFLE TICKETS

(Attach a sample copy of each standalone raffle ticket.)

Each raffle ticket must conform to the requirements of 11VAC15-40-130 (C) of the Charitable Gaming Regulations, including, but not limited to, raffle tickets being sequentially numbered and having a detachable section, with one portion going to the seller and the other portion to the purchaser.

The portion that is retained by the **Seller** must include:

\_\_\_\_\_ The purchasers name, complete address and contact telephone number.

\_\_\_\_\_ The matching sequential ticket number to the portion provided to the purchaser.

The portion that goes to the **Purchaser** must include, but is not limited to:

\_\_\_\_\_ The ticket number.

\_\_\_\_\_ The selling price of each ticket.

\_\_\_\_\_ The prize(s) to be awarded.

\_\_\_\_\_ The date, time, and name/address of the physical.

\_\_\_\_\_ The physical location of the drawing.

\_\_\_\_\_ The name, address and telephone number of the organization.

\_\_\_\_\_ The charitable gaming permit number (after issuance by the Department).

**NOTE:** Raffle tickets may not be printed until the organization is authorized in writing to do so by OCRP.

### RAFFLE NARRATIVE

(Please use a separate sheet to answer the following questions.)

Please provide a written narrative describing how the organization will conduct the raffle. Please be very specific and detailed. This narrative must include, but is not limited to, the following:

#### Part I - Scope and Purpose of Raffle

a. How many raffle tickets will be printed?

b. How much will each raffle ticket cost? \_\_\_\_\_

\$ \_\_\_\_\_

c. What are the anticipated gross receipts (Multiply Line A by Line B) = \_\_\_\_\_

d. What will happen if the raffle is not successful such as not all of the tickets are sold to pay for the raffle prize?

e. Attach a copy of the rules of play that will govern each standalone raffle, as required by question 22 on the application. Please explain how raffle ticket purchasers will receive these rules?

f. For all prizes identified in question 24c of the application, please provide a letter of intent from the individual/business from which the prize is being purchased/donated stating the (i) terms and conditions of the transaction(s), if any and (ii) the fair market value of the prize. This letter from a business needs to be written on the business letterhead, signed and dated from an authorized person. If the organization already owns the prize, which is not a motor vehicle, motorcycle, boat, or trailer, then please provide confirmation of its possession of the prize and/or receipt. If the organization already owns the prize, which is a motor vehicle, motorcycle, boat or trailer, then please provide a copy of the original bill of sale or title.

#### Part 2 - Sales Distribution

a. How will the money from the sales of raffle tickets be controlled; accounted for; and collected from purchasers and sellers?

b. How will the distribution and the selling of raffle tickets be handled?

c. Pursuant to 11VAC15-40-80 (C) of the Charitable Gaming Regulations, it states, "[w]inning tickets and unsold tickets shall be maintained for three years from the close of the fiscal year." As such, does the organization intend to collect unsold raffle tickets from sellers and where does it intend to store these unsold and winning raffle tickets during this three year time frame?

d. Please provide any other information pertinent to the sales distribution of the raffle tickets.

#### Part 3 - Drawing Process and Prize Winners

a. Who will conduct the raffle drawing?

b. Describe the drawing process.

c. If applicable, provide a copy of the current lease that authorizes the organization to use the facility in the conduct of the drawing for its raffle, as required by question 24i of the application.

d. How will the prizes be distributed? Does the winner need to be present? How many days does the winner have to claim the prize? What happens if the winner does not claim the prize?

e. Please provide any other information pertinent to the drawing process and/or prize winners of the raffle ticket.

## ANNUAL PAPER PULL-TAB EVENT REQUIREMENTS

Information/questions in this particular section must be completed/answered in its entirety for the activity conducted in accordance with § 18.2-340.26:2 of the *Code of Virginia*. Organizations are responsible for ensuring their compliance with all State and Federal laws when conducting its annual paper pull-tab event.

### STATUTORY REQUIREMENTS

In accordance § 18.2-340.16 of the *Code of Virginia*, it defines organization, in part as "[a]n athletic association or booster club or a band booster club established solely to raise funds for school-sponsored athletic or band activities for a public school or private school accredited pursuant to § 22.1-19 or to provide scholarships to students attending such school."

In accordance with § 18.2-340.26:2 of the *Code of Virginia*, it provides that "[a]s a part of its annual fund-raising event, any qualified organization that is an athletic association or booster club or a band booster club may sell instant bingo, pull tabs, or seal cards provided that (i) the sale is limited to a single event in a calendar year and (ii) the event is open to the public."

An organization, as reference above must meet the requirements of an athletic association or booster club or a band booster club and all of the requirements under § 18.2-340.26:2 of the *Code of Virginia* prior to submitting an application to obtain a charitable gaming permit in order to conduct its annual paper pull-tab event.

### ACTIVITY REQUIREMENTS

1. The organization must have a valid charitable gaming permit issued by OCRP.
2. Provide a copy of the rules of play that will be utilized in the conduct of the annual paper pull-tab event.
3. Provide the name of all individuals and/or suppliers from whom the organization anticipates obtaining the deals of paper instant bingo, pull-tabs or seal cards to your organization for its annual paper pull-tab event.
4. If applicable, provide a copy of the current lease that authorizes the organization to use the facility in the conduct of the drawing for its annual paper pull-tabs event, as required by question 26b of the application.
5. Provide a narrative describing the annual paper pull-tab event.
6. The qualified organization must ensure compliance with following requirements while conducting the annual paper pull-tab
  - a. In accordance with § 18.2-340.26:2 of the *Code of Virginia*, it requires the paper instant bingo, pull-tabs or seal cards to be sold only as part of a single annual fund-raising event that occurs once a calendar year.
  - b. The organization cannot conduct paper instant bingo, pull tab, or seal card activities on any day, at any time, or at any other premise(s) not specified on the organization's charitable gaming permit.
  - c. The organization cannot conduct any other charitable gaming activity at its annual paper pull-tab event, including, but not limited to, bingo, 50/50 raffles, basket bingo, etc., unless it is specified on the organization's charitable gaming permit.
  - d. The event must be open to the public as required by § 18.2-340.26:2 of the *Code of Virginia*.
  - e. The charitable gaming permit and the flare for each deal of paper instant bingo, pull-tab or seal card must be prominently posted.
  - f. No paper instant bingo, pull tab or seal card may be sold at a price different from the price printed on the ticket by the manufacturer on either the instant bingo, pull tab, seal card or flare.
  - g. The organization must purchase all deals of paper instant bingo, pull tabs or seal cards from a licensed charitable gaming supplier.
  - h. The invoice for each paper instant bingo, pull tab or seal card being offered for sale or sold during the referenced annual paper pull-tab event shall be on the premises at all times listed on the permit.
  - i. Winning paper instant bingo, pull tab or seal card tickets shall only be redeemed at the date/time/location indicated on the organization's charitable gaming permit.
  - j. No paper instant bingo, pull tab or seal card ticket shall be provided or sold to any person under 18 years of age. No individual under 18 years of age shall play or redeem any paper instant bingo, pull tab or seal card ticket.
  - k. All paper instant bingo, pull tab, and seal card supplies utilized at the referenced annual fund-raising event shall be paid for only by check drawn on the organization's charitable gaming account. All monies related to the annual paper pull-tab event must be deposited into the organization's charitable gaming account within two business days after the conclusion of the event.
  - l. All recordkeeping requirements and financial report requirements under the §18.2-340.16 et seq. of the *Code of Virginia* and the Charitable Gaming Regulations must be adhered to.
  - m. All unsold paper instant bingo, pull tab, and seal card games shall be inventoried at the close of the annual paper pull-tab event, and held in accordance with § 18.2-340.16 et seq. of the *Code of Virginia* and the Charitable Gaming Regulations.