



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

CHARITABLE GAMING TEMPORARY PERMIT APPLICATION

General Instructions

- A. Use this application when applying for a temporary charitable gaming permit.
- B. Complete the entire application and all required attachments, including documents and/or explanation sheets.
- C. Place "N/A" if item is not applicable. **Please type or print all answers.** Do not use pencil.
- D. 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).
- E. Enclose a non-refundable \$200 permit application fee and if applicable payable to: **Treasurer of Virginia.**
- F. Mail the completed application, applicable fee, and all required attachments to the following address: VDACS, Office of Charitable and Regulatory Programs, P.O. Box 526, Richmond, Virginia 23218.
- G. Allow 45 days for processing a **COMPLETED** application. Incomplete application and not providing required attachments will delay the processing and it may be returned to the organization for completion.

ORGANIZATION INFORMATION

1. Organization's Federal Tax Payer Identification Number: _____		OCR# (Office Use Only) _____
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 (City, County or Town): _____		
Contact Person's Name: _____		Office/ Position Title: _____
First Name	Middle Name	Last Name
Contact Person's Telephone: _____		Fax Number: _____
Email Address: _____		
4. Jurisdiction where the organization regularly meets? _____		County of: _____ City of: _____
5. Has the organization been in existence and met on a regular basis in the jurisdiction identified in question 4 for at least three years? If "no" is selected under this question, please provide an explanation as to where the organization has been domiciled for the last three years.		If "no," please provide explanation. Yes / No _____
6. Total Number of Members: _____		Total Number of Virginia Residents: _____
Provide a complete list of officers, directors, bingo managers, raffle managers, electronic gaming/pull-tab managers, game managers, or charitable host representatives who are involved in the management and operation of charitable gaming activities, including name, address, and membership date.		Membership list attached with all information? Yes / No _____
7. Provide a copy of the organization's most recent Articles of Incorporation, By-Laws, Charter, Constitution, and any other organizing documents.		Copies attached? Yes / No _____

ORGANIZATION INFORMATION

8. Provide the month, day and year the organization was formed.			
		Month/Day/Year _____	
9. Type of Tax Exempt Status Obtained from IRS: (Mark an "X" by the appropriate box)			
501 (c) TYPE	3 _____	4 _____	8 _____
	10 _____	19 _____	Another 501 (c) type - please identify _____
10. Type of Organization: (Mark an "X" by the appropriate box)			
Applicant must be either a Type 4 or Type 5 in order to apply for a temporary charitable gaming permit. See breakdown below:			
Type 4. An association of war veterans or auxiliary units thereof organized in the United States		Type 4 _____ Type 5 _____	
Type 5. A fraternal association or corporation operating under the lodge system			
11. Date Internal Revenue Service Tax Exempt Status obtained.			
		Month/Day/Year _____	
12. ALL ORGANIZATIONS - Provide a copy of the Internal Revenue Service Tax Exempt Determination Letter (i.e. relating to the organization's 501(c) tax exempt status).			
		Copies attached?	Yes / No _____
13. If "no" is selected under question 12, then please provide a copy of the Internal Revenue Service application for a tax exempt status, including all attachments.			
		Copies attached?	Yes / No _____
14. In the last three years, has the organization had a 501(c) status with the Internal Revenue Service revoked or suspended?			
		If "yes," please explain on a separate page.	Yes / No _____
15. 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.) ?			
		If "no," please explain on a separate page.	Yes / No _____
16. Attach a copy of the organization's most recent filed Federal Returns (i.e. IRS Form 990, 990EZ, 990N, 990PF, 990T, etc.)			
If "no" is selected under question 16, then please provide the most recent Financial Statements prepared for the organization, including, but not limited to, balance sheet, income and expenditure statement, etc.		Copies attached?	Yes / No _____
If "no" is selected under question 16, 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.)		Copies attached?	Yes / No _____
17. 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).			
		Copies attached?	Yes / No / N/A _____
18. 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?			
If "yes" is selected under question 18, then is the organization's name as registered with the Virginia State Corporation Commission 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.		Yes / No _____	
19. If "yes" is selected under question 18, then is your organization in "good standing" with the Virginia State Corporation Commission?			
		If "no," please explain on a separate page.	Yes / No _____

ORGANIZATION INFORMATION

20. 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 20, 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.

21. Has any officer, director, bingo manager, raffle manager, electronic gaming/pull-tab manager, or 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 or a court of competent jurisdiction to have been operated in violation of state law, local ordinance, or Department's regulation within the last five years?

If "yes," please provide name, address, and details on a separate page.

Yes / No _____

22. Has any officer, director, bingo manager, raffle manager, electronic gaming/pull-tab manager, game manager, or charitable host representative 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 or a court of competent jurisdiction to have been operated in violation of state law, local ordinance, or Department's regulation within the last five years?

If "yes," please provide name, address, and details on a separate page.

Yes / No _____

23. Is any officer, director, bingo manager, raffle manager, electronic gaming/pull-tab manager, game manager, charitable host representative 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

24. 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:

(Mark an "X" by the appropriate box)

Paper Instant Bingo, Seal Cards & Pull-Tabs (Conference/Convention) _____

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

Doors Open: _____ am/pm

("Doors open" cannot be more than two hours before "begin game time." This requirement only applies to bingo)

Begin Game Time: _____ am/pm

Doors Close: _____ am/pm

("Doors close" cannot be more than two hours after "end game time." This requirement only applies to bingo)

End Game Time: _____ am/pm

25. Has the organization adopted any "house rules" for the charitable gaming activity identified in question 24, it wishes to conduct?

If "yes," please attach a copy of the house rules.

Yes / No _____

CHARITABLE GAMING ACTIVITIES

26. Is the organization wishing to apply for a temporary permit in order to conduct paper instant bingo, seal cards and/or pull-tabs at an affiliated conference/convention?

Yes / No _____

FOR PAPER INSTANT BINGO, SEAL CARDS AND/OR PULL-TABS AT CONFERENCE/CONVENTION ONLY

- a. If "yes" is selected under question 26, then I certify this organization is either (i) an association of war veterans or auxiliary units thereof organized in the United States, or (ii) a fraternal association or corporation operating under the lodge system. Furthermore, I certify the conduct of paper instant bingo, seal cards and/or pull-tabs will be limited to the premises of the conference/convention to no more than seven consecutive days once per a quarter to members and their guest only. Lastly, the conference/convention is an official event held by the organization's affiliated state, regional, or national organization.

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 for the conference/convention where the paper instant bingo, seal cards and/or pull-tabs will be sold. (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 for the conference/convention where the paper instant bingo, seal cards and/or pull-tabs will be sold.

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 "owned 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: _____

27. 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: _____

28. 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: _____

First Name

Middle Name

Last Name

Fax Number: _____

29. 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.

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 and Charitable Gaming 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 and Charitable Gaming Regulations during the management, operation and conduct of charitable gaming activities. I understand that the charitable organization is responsible for the conduct of any operator administering its Texas Hold'em Poker Tournament. 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: _____
Complete First Name Complete Middle Name Complete Last Name

Office/
Position Title: _____

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