



ELIGIBLE ORGANIZATION GAMES OF CHANCE APPLICATION

**FOR LICENSING AUTHORITY
USE ONLY**

Janis Creason, Treasurer
101 Market Street, Room 105
Harrisburg, PA 17101

Please Print or Type.

IMPORTANT: READ INSTRUCTIONS ON PAGE 4 BEFORE COMPLETING APPLICATION

1. Check Appropriate Block:

- Initial Application
 Annual Application
 Change of Data

The licensing authority must be notified of changes to the information included on this application within 15 days of the change.

2. Submit a check, cashier's check or money order payable to the licensing authority named above for the fee due.

TYPE OF APPLICATION	FEE	EXPLANATION
<input type="checkbox"/> Game of Chance License	\$125.00	Required for application.
<input type="checkbox"/> Monthly License	\$25.00	Required for application.
<input type="checkbox"/> Replacement License	➡	Issued only if original is defaced, destroyed or lost. Contact the licensing authority for current fee.

3. Name of Municipality (city, borough, incorporated town or township)	4a. Liquor Identification Number (LID)
5. Indicate Type of Organization (See instructions on Page 4.)	4b. Liquor License Number (if applicable)
7. Name of Organization	6. <input type="checkbox"/> If incorporated, check here and attach copy of articles of incorporation.
	8. Date Organization was Formed

9. Location of Organization and Licensed Premises

A. Address of Normal Business or Operating Site

Street	County			
City	State	ZIP Code	Telephone Number	
Email Address				

B. Mailing Address Check if same as 9a

Street	County			
City	State	ZIP Code	Telephone Number	

C. Licensed Premises Check if same as 9a

Street	County			
City	State	ZIP Code	Telephone Number	

Licensed Premises is (check applicable box)

- Owned by organization
 Leased by organization
 Owned or leased by another licensed eligible organization and leased to or used by the organization

 Other (Explain): _____

10. A. Eligible organization's operating day

B. Eligible organization's operating week

11. As the executive officer or secretary of the eligible organization, I certify, under penalties of perjury and falsification found in 18 Pa. C.S.A. §4901 et seq., that:

- A.** No person under 18 years of age shall be permitted to operate or play games of chance.
- B.** No person who will manage, set up, supervise or participate in the operation of games of chance has been convicted of a felony, a violation of the Bingo Law, or the Local Option Small Games of Chance Act.
- C.** The facility in which games of chance are to be played has adequate means of ingress and egress and adequate sanitary facilities available in the area and meets all Department of Health and other local or federal sanitary requirements.
- D.** The eligible organization is the owner of the premises upon which the games of chance are played; or, if it is not, the organization is not leasing such premises from the owner under an oral agreement, nor is it leasing such premises from the owner under a written agreement as a rental which is determined by the amount of receipts realized from the playing of games of chance or by the number of people attending, except for a banquet where a per head charge is applied connecting to the serving of a meal.
- E.** The organization has not been convicted of a violation of the Act of Dec. 19, 1988 (P.L. 1262, No. 156), known as the Local Option Games of Chance Act.

I have examined this application, including accompanying schedules and statements, and to the best of my knowledge and belief, all information provided is true, correct and accurate.

Signature of Officer Preparing Application	Date of Birth	Title	Date
Print Name	Social Security Number (Optional)		Telephone Number

12. COMMONWEALTH OF PENNSYLVANIA

COUNTY OF _____

Before me this day personally appeared _____, who, being duly sworn according to law, deposes and says that the statements contained in the foregoing application are true and correct.

Subscribed and sworn to before me this date: _____
Month Day Year

(Seal)

Notary Signature My commission expires on _____.

FALSE OR FRAUDULENT APPLICATION IS PUNISHABLE BY A FINE OF \$1,000, IMPRISONMENT FOR ONE YEAR OR BOTH.

THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THE APPLICATION (use 8 1/2" X 11" sheets where possible).

1. Check, cashier's check or money order in the amount of the total application fee payable to the licensing authority named on Page 1 of this application.
2. Schedule Sheet.
3. If incorporated, a copy of the applicant's articles of incorporation. If not incorporated, a copy of bylaws or other legal documents that define the organization's structure and purposes. Documentation indicating the organization has been fulfilling its purpose for one year prior to applying for a license is required.
4. A copy of the applicant's Internal Revenue Service tax exemption approval letter or official documentation indicating the applicant is a non-profit charitable organization.
5. Details and copies of all written lease or rental arrangements between the applicant and the owner of premises upon which the games of chance will be conducted, if such premises are leased or rented. If premises are owned, provide a copy of the deed.
6. Each club that was required to file a games of chance report with the Department of Revenue during the prior license term must attach a copy of the report with this application.

SCHEDULE SHEET FOR ELIGIBLE ORGANIZATION GAMES OF CHANCE LICENSING

Please Print or Type All Information.

SCHEDULE A - Check which type(s) of games of chance the organization will conduct:

- | | | | |
|------------------------------------------------|-----------------------------------------|-----------------------------------------|----------------------------------|
| <input type="checkbox"/> Daily/Weekly Drawings | <input type="checkbox"/> Pull-tab games | <input type="checkbox"/> Punchboards | <input type="checkbox"/> Raffles |
| <input type="checkbox"/> Race Night Games | <input type="checkbox"/> Pools | <input type="checkbox"/> 50/50 Drawings | |

SCHEDULE B - List the following data for all officers, directors, owners and partners. If incorporated, list all officers and shareholders controlling 10 percent or more of outstanding stock. If organized as a partnership, list data for all partners. For all other entities, list data of any other financially responsible person.

Full Name	Date of Birth	Title or Relationship	Social Security Number (Optional)
Email Address			Telephone Number
Complete Mailing Address			

Full Name	Date of Birth	Title or Relationship	Social Security Number (Optional)
Email Address			Telephone Number
Complete Mailing Address			

SCHEDULE C - List all persons who will be responsible for operation of games of chance, including employees, bar personnel and organizational members or auxiliary members who will obtain and coordinate use of games of chance.

Full Name	Date of Birth	Title or Relationship	Social Security Number (Optional)
Complete Mailing Address			Telephone Number

Full Name	Date of Birth	Title or Relationship	Social Security Number (Optional)
Complete Mailing Address			Telephone Number

Full Name	Date of Birth	Title or Relationship	Social Security Number (Optional)
Complete Mailing Address			Telephone Number

SCHEDULE D - List distributors with which the organization anticipates doing business:

Name of Distributor and distributor license number	Complete Mailing Address	Telephone Number

SCHEDULE E - List all auxiliary groups of the applicant conducting games of chance under the applicant's license:

1. _____
2. _____
3. _____
4. _____
5. _____

INSTRUCTIONS FOR COMPLETING ELIGIBLE ORGANIZATION GAMES OF CHANCE APPLICATION

The licensing authority (County Treasurer, or in any home-rule county where there is no elected treasurer, the designee of the governing authority) should enter the county name or governing authority name, address and telephone number in the space provided at the top of the application prior to making application forms available to the local eligible organizations.

Questions regarding games of chance and this application should be referred to the licensing authority on Page 1 at the top of the application. If the information is missing, refer to the government section of your local telephone book to determine the name and address of your county licensing authority.

APPLICATION INSTRUCTIONS

- SECTION 1** - Applicant must check the appropriate block to indicate the type of application the organization is submitting.
- SECTION 2** - Check type of application.
- Games of Chance License - A games of chance license authorizes the licensee to conduct games of chance during the eligible organization's licensing term. A licensee is eligible to apply for special raffle permits.
 - A monthly license authorizes an eligible organization to conduct games of chance for a 30 consecutive day period.
 - Enclose the application fee (check, cashier's check or money order) payable to the county licensing authority identified on Page 1.
- SECTION 3** - The municipality where the organization's licensed premise is physically located.
- SECTION 4 - 8** - Enter specific information regarding the organization. Enter in Section 5 the type of organization applying for license: charitable organization, religious organization, civic and service association, club, fraternal organization and veteran's organization, etc. If your organization qualifies as more than one type list all that applies. If you qualify as a club you must provide the information in 4a and 4b.
- SECTION 9** - Generally, if an eligible organization owns or leases a premises as its normal business or operating site, that premises shall be the licensed premise for purposes of operating games of chance. If an eligible organization does not own or lease a premises upon which normal business or operations is conducted, it may, by agreement, use the licensed premises of another licensed eligible organization or make other arrangements for a licensed premises. Leases for licensed premiseses must be in writing.
- A.** - The organization must provide the address of the physical location where normal business operation is conducted. Typically this will be the organization's mailing address and/or licensed premises, and it may be indicated as such by marking the boxes in B and C.
 - If no normal place of business, enter NONE.
 - B.** - If the organization has a different mailing address than the address provided in A (such as a Post Office Box), the organization must provide the mailing address in this item.
 - C.** - If an organization does not own or lease a normal business or operating site, has a normal business operating site with multiple structures or has multiple business or operating sites, it must indicate in this section the location it will use as its premises for conducting games of chance.
 - Information on this line is required for a complete application.
- SECTION 10** - Indicate the eligible organization's hours of operation, dates or days of week and times games are to be played.
- Operating day - The period of time during any 24-hour period when an eligible organization conducts its normal activities or holds itself open to its members.
 - Nonoperating day - A period of time equivalent to an eligible organization's operating day except that the eligible organization is closed to normal activities or to its members during that period of time.
 - Operating week - Seven consecutive operating days or nonoperating days.
- SECTION 11** - The executive officer or secretary of an organization must certify statements A through E by completing the personal data required in Section 11 and by signing the application.
- SECTION 12** - Application must be notarized.

Complete the schedule sheet and enclose other documents listed at the bottom of Page 2 of the application. Social Security numbers are optional.

Forward the application, payment and other related documents to the licensing authority to obtain your license to conduct and operate games of chance.

TREASURER'S OFFICE

County of Dauphin



Eligible Organization GAMES OF CHANCE APPLICATION CHECKLIST

Please review all items prior to submitting your application to avoid a delay in processing.

The following items *must* be provided in order to obtain a Games of Chance license. Organizations that do not provide the required items noted below may be ineligible to receive a license.

1. _____ **Payment enclosed:** Check, money order or cashier's check made payable to the "Dauphin County Treasurer" must be enclosed with the application.
NO CASH PLEASE.
2. _____ **Incorporated:** Attach a copy of the applicant's Articles of Incorporation.
3. _____ **Non-incorporated:** Attach a copy of bylaws or other legal documents that define the organization's structure and purpose.
4. _____ **One-year service:** Attach documentation indicating the organization has been fulfilling its purpose for one year prior to applying for a license.
5. _____ **Non-profit status:** Attach a copy of the applicant's Internal Revenue Service tax exemption approval letter or official documentation indicating the applicant is a non-profit charitable organization.
6. _____ **Lease or rental agreement:** Attach copies of all written lease or rental agreements between the applicant and the owner of the premises upon which the games of chance will be conducted, if such premises are rented or leased. (If premises are owned, please provide a copy of the deed.)
7. _____ **Dept of Revenue Annual Report:** Effective 2/1/2015 -- Club applicants with liquor license only: attach the most recent annual report filed with the PA Department of Revenue.
8. _____ **Sections 1-12 and Schedule A-E:** All parts must be completed in their entirety.
9. _____ **Monthly License:** In Section 10, state the first day of the 30-day period for which you wish to have the license issued. (No activity can take place prior to this date, including ticket sales or promotions and all activity must end 30 days from the issue date.)
10. _____ **Notarization:** The signature of the applicant must be affirmed by notarization. (There are no notaries available in the county's downtown campus.)

*****Applications that do not include all necessary documentation will be held in the Treasurer's Office for 14 days in a pending status. After that time period, incomplete applications will be made inactive and payment will be returned to the organization.***



Small Games of Chance Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Small Games of Chance applications must be renewed on an annual basis. Please submit a renewal application at least thirty (30) days prior to the license expiration date. Although not required by law, we will attempt to contact you with a reminder prior to the license expiration date if you provide valid contact information.



Keep for your records.

License No. _____

Expiration Date _____

Please submit an application for renewal thirty (30) days prior to expiration date.

Treasurer's Office:

Janis Creason
Dauphin County Treasurer
101 Market Street, Room 105
Harrisburg, PA 17101

www.dauphincounty.org

(717) 780-6550



TREASURER'S OFFICE

County of Dauphin

COUNTY COURTHOUSE
101 Market Street, Room 105
Harrisburg, PA 17101

SMALL GAMES OF CHANCE LICENSING DIVISION

Phone: (717) 780-6550
Fax: (717) 780-6470
treasurer@dauphinc.org

Application for SPECIAL RAFFLE PERMIT Local Option – Small Games of Chance Act 156 of 1988 in Authorized Municipalities

1. _____
Name of Licensed Organization
2. _____
Address of Organization
3. _____
Municipality where the drawing will be held
4. _____
Location of the drawing*
5. Date of drawing _____ Time of Drawing _____
6. There will be _____ chances sold for this drawing.
7. Price per chance is \$ _____
8. Cash value of prizes** will be: _____

9. Small Games of Chance License # _____

***The total of all prizes awarded from this Raffle will not exceed \$150,000.00, with some exceptions.*

Please refer to the Local Option Small Games of Chance law, or consult with your legal counsel for additional requirements.

Signature of Executive Officer/
Secretary of the Organization

Date