STATE GAMING LICENSE APPLICATION FORM

OFFICE OF ATTORNEY GENERAL

SFN 53839 (Rev. 10-2017)

License Number: (Office Use) G -
License Year Ending: June 30, _____

1. Official, Legal Name of Organization (Do Not Abbreviate):		Business Telephone:	
Business Address: (Street)	City:	State:	Zip Code:
Mailing Address:	City:	State:	Zip Code:
E-mail Address:	Contact Person:	Official Position of Contact Person:	

Provide a copy of the non-profit corporation's charter, articles of incorporation, corporate certificate, organizational by-laws and minutes of board meetings for the last two years with the application for a state gaming license.

3. Is organization recognized as tax exempt by the Internal Revenue Service? ☐ Yes ☐ No

a) If yes, enclose copy of tax exemption letter received from IRS; if letter has not been received, enclose a letter of explanation. (New applicants only.)

4. Provide Federal Employer Identification Number (EIN): _____

5. Type of ELIGIBLE Organization (Check One)

- ☐ a) Charitable
- ☐ b) Civic & Service
- ☐ c) Educational
- ☐ d) Fraternal
- ☐ e) Public Safety
- ☐ f) Public Spirited
- ☐ g) Religious
- ☐ h) Veterans

6. Is Organization Chartered By:

- ☐ International Organization
- ☐ National Organization
- ☐ State Organization
- ☐ None of the above

7. How Long has Organization Existed in North Dakota?	
8. Name and Title of Organization's Top Executive Official: (i.e., Cmdr., Pres., etc.)	Daytime Telephone Number:
9. Name of Gaming Manager:	Daytime Telephone Number:
9a. Signature of Gaming Manager:	Date:

10. **List the Full Governing Board of the Organization** - The full governing board of the organization is primarily responsible and may be held accountable for the proper determination and use of net proceeds.

Name:	Daytime Telephone Number:	Name:	Daytime Telephone Number:
Name:	Daytime Telephone Number:	Name:	Daytime Telephone Number:
Name:	Daytime Telephone Number:	Name:	Daytime Telephone Number:
Name:	Daytime Telephone Number:	Name:	Daytime Telephone Number:
Name:	Daytime Telephone Number:	Name:	Daytime Telephone Number:

11. Has the Organization ever been Convicted of a Felony, Class A Misdemeanor Unlawful Gambling or Organized Criminal Activity?
☐ Yes ☐ No

12. Is organization properly registered as a non profit organization with the North Dakota Secretary of State? ☐ Yes ☐ No

13. Does the Organization have a Current **Local** **Permit** to Conduct Raffles/Bingo or Professional Sports Pools from a City or County? ☐ Yes ☐ No
If Yes, Please Explain:

14. Does Organization Own or Rent the Premises at Which the Games of Chance will be Conducted? ☐ Own ☐ Rent

AFFIDAVIT:

The Top Executive Official declares that the information is correct and authorizes the Attorney General to inspect the organization's bank and accounting records.	Signature of Top Executive Official:	Date:

To be completed by an organization that intends to conduct gaming at sites in multiple jurisdictions:

Cities or Counties (if site is outside limits of an incorporated city) in which games of chance will be conducted:

City	County (provide only if applying for a county license)

(If additional space is needed, attach separate sheet.)

Total number of licenses organization is applying for (add each city or county listed above): _____ x $150.00 _____ Total fee.

Enclose total license fee with this application.
(Check payable to: ND Attorney General)

RETURN TO: Office of Attorney General
Licensing Section
600 E Boulevard Ave Dept. 125
Bismarck, ND 58505-0040
Telephone: 701-328-2329 **OR**
1-800-326-9240