STATE GAMING LICENSE REAPPLICATION FORM

OFFICE OF ATTORNEY GENERAL

SFN 53838 (Rev. 10-2017)

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

1. Official, Legal Name of Organization: (Do Not Abbreviate)		Business Telephone Number:	
Business Address: (Street)	City:	State:	Zip Code:
Mailing Address:	City:	State:	Zip Code:
Address where gaming accounting records are kept:	City:	State:	Zip Code:
E-mail Address:	Contact Person:	Official Position of Contact Person:	
2. Is organization recognized as tax exempt by the Internal Revenue Service? ☐ YES ☐ NO		3. Provide organization's Federal Employer Identification Number (EIN):	
4. Name and Title of Organization's Top Executive Official: (i.e., Cmdr., Pres., etc.)		Daytime Telephone Number:	
5. Name of Gaming Manager:		Daytime Telephone Number:	
6. Signature of Gaming Manager:		Date:	

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

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

8. Does the 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:

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 renewing 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