



**STATE GAMING LICENSE -
REAPPLICATION FORM**
NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 53838 (7-2023)

License Number
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 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 or Chance will be Conducted? <input type="checkbox"/> Own <input type="checkbox"/> 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
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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, attached a separate sheet	

Total number of licenses organization is applying for (add each city or county listed above) _____ x \$175.00 _____ 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