

Instructions for Renewing Your Organization's Charitable Gaming License

Listed below are the forms required to renew your organization's Charitable Gaming License. Please use this checklist to ensure that your renewal application is complete. A license will not be issued unless all forms have been received, verified and approved. Please allow a minimum of 30 days for the processing of your renewal application. A penalty in the amount of \$50.00 will be charged for renewal applications received after the expiration date of the license.

Charitable Gaming Renewal Application (three pages)
Charity and/or Non-Profit to Receive Funds Form Every organization applying for a Charitable Gaming License must state for what purpose the funds raised by bingo and/or raffles will be used. For example, if the funds raised will be donated to another charitable organization(s), list that organization(s). If the funds raised will remain with your organization, list your organization on the form.
Idaho State Police Background Check Form. We require Criminal Background Checks every year. We have included one (1) copy of the Criminal Background Check form in this packet. Please make additional copies as needed.
A Criminal Background Check form must be completed by: 1) President or Chairman, 2) Treasurer (CFO), and 3) the individual(s) who are DIRECTLY responsible for the fundraising activities.
A check for the amount of the license fee payable to Idaho Lottery must accompany the application. The required license fee is based on the organization's gross revenue from bingo and/or raffles during the previous year. The fee schedule is as follows:
Less than \$25,000\$100.00 \$25,000 to \$75,000\$200.00 Over \$75,000\$300.00
Mail to: Idaho Lottery Attn: Angie Vitek P.O. Box 6537 Boise, ID 83707

Please contact Angie Vitek, Charitable Gaming Coordinator, Idaho Lottery Enforcement Division if you have any questions or need assistance with the application process.

Phone: (208) 334-2277

Email: avitek@lottery.idaho.gov



FOR LOTTERY USE ONLY				
License Number:				
Expiration Date:				

CHARITABLE GAMING INITIAL QUALIFICATION APPLICATION

Instructions: Please allow two we	eks for proce	essing. If the ap	oplication is incomp	olete, it will be returned.				
1. Name of organization (please type or print)			2. Daytime telephone number					
3. Federal identification number (FID)			4. Email address					
5. Address of principal office (number and street required)			6. Mailing Address (if app	olicable)				
City	State	Zip	County	City	State	Zip	County	
Contact name		Title		Contact's daytime telephone number				
7. Applicant Organization Info	rmation and	d Verification	of Existence (com	plete either 7a or 7b)				
7a. Tax Exempt Organizatio	ns (have Ta	x-Exempt Sta	tus from Internal l	Revenue Service)				
Date organization formed (n	nm/dd/yyyy):		.]				
Attach a copy of the organiz	zation's byl	aws, constitut	ions, or articles o	of incorporation.				
Attach copies of the following documents: • Favorable tax exempt status letter from the Internal Revenue Service • Minutes of Meeting held within the last 12 months • Bylaws that are dated • Descriptions and results of fundraising activities held within the previous twelve months • Copies of bank statements (one month from current year and one month from prior year)								
7b. Non-Profit Organization	7b. Non-Profit Organizations that are NOT tax exempt under section 501 of Internal Revenue Code							
Date organization formed (n	nm/dd/yyyy):						
Attach a copy of the organiz	zation's byl	aws, constitut	ions, or articles o	of incorporation.				
Attach copies of the following documents: A copy of organization's Certificate of Existence Issued by the Idaho Secretary of State Minutes of Meeting held within the last 12 months Bylaws that are dated Descriptions and results of fundraising activities held within the previous twelve months Copies of bank statements (one month from current year and one month from prior year) Membership List Copy of most recent Federal Income Tax Return (Form 1120 or 1120s)								
In the space provided be					ed by your orga	anization		
which you believe would qualify you as a bona fide non-profit charitable organization.								

Full Name & Title held in Organization	Home Address	Date of Birth	Social Security and Drivers License Numbers	Telephone Numbers
			SSN:	H:
			DL:	W:
			SSN:	H:
			DL:	W:
			SSN:	H:
			DL:	W:
			SSN: DL:	H: W:
			SSN:	H:
			DL:	W:
			SSN:	H:
			DL:	W:
). Type of License for which o	FLE BIN	IGO go only, complete #12	RAFFLE and BINGO For Bingo & Raffle, comp	ete #11 & #12
 List the physical location was dress 	vhere your organization's charitable ga	ming financial records w	ill be maintained?	
ity	State		Zip	
		RAFFLE		
	rganization is applying for a license to r a license to conduct Bingo only, skip to	conduct Raffles or both	Bingo & Raffles.	
A. List the person(s) fro	om within your organization who will be re	sponsible for managing raf	fle operations	
A. List the person(s) fro	om within your organization who will be re Home Address (number and street, city, state, zi		· I	Phone Number
· · · · · · · · · · · · · · · · · · ·	Home Address		· I	Phone Number
Full Legal Name B. RAFFLE DETAILS Date Ticket Sales B	Home Address (number and street, city, state, zi	p code) Date Ticket	Title Home	
Full Legal Name B. RAFFLE DETAILS Date Ticket Sales B Date Drawing to be	Home Address (number and street, city, state, zi	p code) Date Ticket	Title Home	
Full Legal Name B. RAFFLE DETAILS Date Ticket Sales B Date Drawing to be Address Drawing to	Home Address (number and street, city, state, zignessegin: Held: be Held:	p code) Date Ticket	Title Home	
Full Legal Name B. RAFFLE DETAILS Date Ticket Sales B Date Drawing to be Address Drawing to	Home Address (number and street, city, state, zignessegin: Held: be Held: ffled:	p code) Date Ticket	Title Home	
Full Legal Name B. RAFFLE DETAILS Date Ticket Sales B Date Drawing to be Address Drawing to	Home Address (number and street, city, state, zignessegin: Held: be Held: ffled: Attach s	p code) Date Ticket	Title Home	
B. RAFFLE DETAILS Date Ticket Sales B Date Drawing to be Address Drawing to List Prizes to be Ra C. CERTIFICATION Of	Home Address (number and street, city, state, zignessegin: Held: be Held: ffled: Attach s	p code) Date Ticket separate sheet for raffle info	Title Home	

				13. E	BINGO				
-	s section if your o	_							
Full Legal Name		from within your organization who will be responsible for ma Home Address (number and street, city, state, zip code)			Title		Home P	hone Number	
		(IIC	imbor and stree	71, oity, state, 21p oc	, do ,				
В.	sessions per wee	on the follo	wing days: (No	ote: Idaho Code al		icensed organiz	zation to conduct	no more than t	nree bingo
C	□ T □ V	uesday Vednesday hursday	te and segrega	ted charity hingo c		□ Saturday □ Sunday	200		
0.	Account		e of Bank	Addres (number &	ss	City	State	Zip	Account Number
	Charitable Bingo								
	Names of Author	zed Signers	S:						
5	1.	(.)	!! . (. ! / . \	2.		L L	3.		
D.	List the manufaction Name			rom wnom you in imber & street)		cnase bingo suj City	opiles State	Zip	Items
	Ttame		7 (44) 000 (7)			O.t.y	Otato		TO THE
E.	Does your organiz	utor/manufac	cturer's name, da	t or devices? te of purchase, purchase of Purchase	hase price an		nent purchased. ase Price	Туре о	f Equipment
						+			
				'					
				14. CERT	IFICATI	ON			
operated b governing information and/or revo false inform	bingo and raffle n stated in this a ocation of future nation.	ization un s. We als application	der this licer o certify under o. We unders	nse will be cond er penalty of pe stand that false	lucted in o rjury that or mislea	compliance was there are no ding statem	with Idaho Sta misrepresen ents will caus	tute and Adn tations or fals e rejection of closure or pro	ninistrative Rules difications in the this application divide
Signature of	Presiding Officer							Date (mont	n, day, year)
Printed Nam	ne			Title				Daytime Pho	ne Number
Signature of	Secretary							Date (mont	n, day, year)
Printed Nam Notary Public State of	ne))	ytime Phon	e Number			
	d sworn to before me			this	day of	, -		Idaho Lottery E	ed application to: nforcement Division Boise, ID 83707-9246



IDAHO STATE POLICE BUREAU OF CRIMINAL IDENTIFICATION

NAME BASED CRIMINAL BACKGROUND CHECK FORM

of the Idaho Central Repository of Criminal History Records

Please print clearly in blue or black ink only. **Illegible forms will be returned for clarification.**Incomplete forms will be returned unprocessed.



Conducted for the Idaho Lottery

REQUEST Please provide an Idaho Criminal History on the individual named below.							
Last Name	First Name	Middle	Name				
Alias Names (Include Maiden/prior Married Names) PI	ease provide both first and last name.						
Date of Birth (mm/dd/yyyy)	Social Security Number (optional)			Sex	Race		
Address	City		State	Zip			
Idaho law does not require a waiver. However, without a signed waiver from the subject of the record, any arrest more than 12 months old, without a disposition, cannot be given to a non-criminal justice agency. Any waiver other than this waiver will not be accepted. I hereby give permission for the requester, named below, to receive any information maintained by the Idaho Bureau of Criminal Identification concerning myself. Signature Date							
This signature on the waiver must be within 180 days of the name check submission. TO BE COMPLETED BY IDAHO LOTTERY Incomplete forms will be returned unprocessed.							
Requesting Person or Company	Address of Requester (Results will be maile	ed to this	s address)				
IDAHO LOTTERY PLEASE BILL BCI0059 City, State & Zip Code BOISE, ID 83702							
Printed Name of Requester (Print Legibly) Tony Pittz	Signature of Requester	Phor	ne Number of F 8-334-2277	•			

General Information:

Idaho law does not require a person to give consent. However, without a signed release from the subject of record, any arrest more than 12 months old, without a disposition, cannot be given to a non-criminal justice agency. **Results of a Name Based Criminal Background check cannot be notarized.**

Criminal history record information furnished as a result of a non-fingerprint based computerized search is based solely on a search of identifiers provided in the request. Be aware it is not uncommon for criminal offenders to use alias names and false dates of birth, which would adversely affect the completeness and accuracy of a non-fingerprint based search of the Idaho Central Repository of Criminal History Records. No other state or federal agency records can be searched under current law. The bureau does not telephone or fax responses. Please allow ample time for processing this request. Requests are processed on a first come basis.

The records maintained by the Idaho Bureau of Criminal Identification (BCI) are based upon the felony and serious misdemeanor arrests reported to BCI from other Idaho criminal justice agencies. If a person disputes the accuracy of information obtained, that person may challenge the information by writing to the address on this form.

Idaho code 67-3008 (6) states, "A person or private agency or public agency, other than the department, shall not disseminate criminal history record information obtained from the department to a person or agency that is not a criminal justice agency or court without a signed release of the subject of record unless otherwise provided by law.

Return Completed form to: Idaho Lottery Enforcement Division PO Box 6537 Boise, ID 83707 Checks conducted for the Idaho Lottery by: Bureau of Criminal Identification Idaho State Police Meridian, ID

Rev. 7/10/2017

Charity and/or Non-Profit To Receive Funds

Name of Charity and/or Non-Profit	Address	Phone Number
_		