



IDAHO LOTTERY ENFORCEMENT DIVISION

FOR LOTTERY USE ONLY	
License Number:	
Expiration Date:	

CHARITABLE GAMING RENEWAL APPLICATION

Instructions: Please allow two weeks for processing. If the application is incomplete, 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 applicable)			
City	State	Zip	County	City	State	Zip	County
Contact name				Title		Contact's daytime telephone number	

7. Name and address of current officers/directors (attach additional sheets if necessary)

Full Name & Title held in organization	Home Address	Date of Birth	Social Security and Drivers License Numbers		Telephone Numbers	
			SSN:	DL:	H:	W:
A						
B						
C						
D						
E						
F						

7. Have any officers/directors listed in #7 above, or on any attachments, been convicted of a felony or misdemeanor within the past ten (10) years in any jurisdiction? YES NO

If Yes, in the space below list individual's name and a detailed description of the offense(s), i.e. where, when, charge(s). Attach additional sheets if more space is needed.

9. Type of License for which organization is applying:

- RAFFLE For Raffle only, complete #11
 BINGO For Bingo only, complete #12
 RAFFLE and BINGO For Bingo & Raffle, complete #11 & #12

10. List the physical location where your organization's charitable gaming financial records will be maintained?

Address		
City	State	Zip

11. RAFFLE

Complete this section if your organization is applying for a license to conduct Raffles or both Bingo & Raffles.

(If the organization is applying for a license to conduct Bingo only, skip to #12)

A. List the person(s) from within your organization who will be responsible for managing raffle operations

Full Legal Name	Home Address (number and street, city, state, zip code)	Title	Home Phone Number

B. RAFFLE DETAILS

Date Ticket Sales Begin: _____ Date Ticket Sales End: _____

Date Drawing to be Held: _____

Address Drawing to be Held: _____

List Prizes to be Raffled: _____

Attach separate sheet for raffle information if more space is needed.

C. CERTIFICATION OF PRIZE OWNERSHIP

We certify that the organization named above as the applicant is the legal owner of all the prizes being offered in our raffle(s).

(Certification must be signed by an authorized officer of the organization)

Signed: _____ Date: _____

Title (officer): _____

12. BINGO

Complete this section if your organization is applying for a license to conduct Bingos or both Bingo & Raffles.

A. List the person(s) from within your organization who will be responsible for managing bingo operations

Full Legal Name	Home Address (number and street, city, state, zip code)	Title	Home Phone Number

B. BINGO SESSIONS

Bingo will be held on the following days: (Note: Idaho Code allows each licensed organization to conduct no more than three bingo sessions per week)

- Monday
- Tuesday
- Wednesday
- Thursday

Hours

- Friday
- Saturday
- Sunday

Hours

C. List the organization's separate and segregated charity bingo checking account information

Account	Name of Bank	Address (number & street)	City	State	Zip	Account Number
Charitable Bingo						
Names of Authorized Signers:						
1. _____		2. _____		3. _____		

D. List the manufacturer(s) and/or distributor(s) from whom you intend to purchase bingo supplies

Name	Address (number & street)	City	State	Zip	Items

E. Does your organization own bingo equipment or devices? Yes No

If yes, list the distributor/manufacturer's name, date of purchase, purchase price and type of equipment purchased.

Name of distributor/manufacturer	Date of Purchase	Purchase Price	Type of Equipment

CERTIFICATION

**Note: Must be filled out and signed by an authorized officer of the organization.*

I, _____, as the _____
Name Title (office held)

acknowledge, understand and agree that by applying for and accepting any Charitable Gaming license renewal from the Idaho State Lottery Commission, I am certifying to the Commission that:

1. Under the penalty of perjury, that there are no misrepresentations or falsifications in the information stated in this application. (Note: Under Idaho Code 67-7425, it is a felony to willfully omit disclosure or provide false information.)
2. I have read Idaho Code Title 67, Chapter 77 Bingo and Raffles ("Statute") which can be accessed at <http://www.legislature.idaho.gov/idstat/Title67/T67CH77.htm> and IDAPA 52.01.02 Administrative Rules ("Rules") which can be accessed at <http://adm.idaho.gov/adminrules/rules/idapa52/0102.pdf> and I understand the requirements of the Statute and Rules. (Note: If you do not have access to the internet please contact the Charitable Gaming Coordinator at 208-334-2277 and a copy of the Statute and rules will be provided.)
3. I understand and agree that the operation of bingo sessions or games or charitable raffles shall be the direct responsibility of, and controlled by, the governing body of the organization as listed on the application
4. I am signing this Certification with the knowledge that the Licensee will be subject to disciplinary action, including civil penalties and/or revocation or suspension of the License, for failure to comply with the Statute or Rules.

Name of Organization:	
Printed Full Legal Name (Last, First, Middle)	
Signature (Must be notarized by notary public)	Date:

State of _____)

County of _____)

Subscribed and sworn to before me by _____ this _____ day of _____, _____

My commission expires: _____

Notary Public

(SEAL)

Mail completed application to:
Idaho Lottery Enforcement Division
P.O. Box 6537, Boise, ID 83707-9246