

Checklist for Applying for a Charitable Gaming License for the First Time

Fee: The annual application fee for an organization applying for a Charitable Gaming License for the first time is \$100.00. A check **must accompany** your application packet. Please make checks payable to the Idaho State Lottery. The fee is **non-refundable**.

Listed below are the forms required for your Charitable Gaming License. Please use the checklist to ensure that your initial 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 application.

- ☐ **Charitable Gaming Initial Application** (four 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. 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) the President or Chairman, 2) the Treasurer (CFO) or Bookkeeper, and 3) the individual(s) who are DIRECTLY responsible for the fundraising activities.**

- ☐ In addition to the three forms listed above, organizations applying for a license for the **first time MUST submit ALL the documents listed in 7a. (tax-exempt organizations) or 7b. (nonprofit organizations) of the application.** Failure to include these documents will result in an incomplete application and will delay the processing.
- ☐ **Mail to:** Idaho Lottery
Attn: Tina Miller
P.O. Box 6537
Boise, ID 83707

Please contact Tina Miller, Charitable Gaming Coordinator, Idaho Lottery Enforcement Division, with any questions or assistance with the application process.

Phone: (208) 780-2558

Email: tmiller@lottery.idaho.gov



Idaho Lottery Enforcement Division

FOR LOTTERY USE ONLY

License Number:

Expiration Date:

CHARITABLE GAMING INITIAL QUALIFICATION APPLICATION

Instructions: Please allow thirty days 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 & street; required)				6. Mailing Address (if applicable)			
City	State	Zip	County	City	State	Zip	County
Contact Name		Title		Contact's daytime telephone number			

7. Applicant Organization Information and Verification of Existence (complete **either** 7a. or 7b)

7a. Tax Exempt Organizations (have Tax-Exempt Status from the Internal Revenue Service)

Date organization formed (mm/dd/yyyy): _____

Attach a copy of the organization's bylaws, constitutions, or articles of incorporation.

Attach copies of the following document:

- Favorable tax-exempt status letter from the Internal Revenue Service
- Minutes of a meeting held within the last 12 months
- Bylaws that are dated
- Description and results of fundraising activities held within the previous twelve months
- Copies of bank statements (one month from the current year and one month from the prior year)

7b. Non-Profit Organizations that are NOT tax exempt under section 501 of the Internal Revenue Code

Date organization formed (mm/dd/yyyy): _____

Attach a copy of the organization's bylaws, constitutions, or articles of incorporation.

Attach copies of the following documents:

- A copy of the organization's Certificate of Existence issued by the Idaho Secretary of State
- Minutes of a meeting held in the last 12 months
- Bylaws that are dated
- Description and results of fundraising activities held within the previous twelve months
- Copies of bank statements (one month from the current year and one month from the prior year)
- Membership list
- Copy of most recent Federal Income Tax Return (Form 1120 or 1120s)
- In the space provided below, please provide a detailed description of the activities conducted by your organization that you believe would qualify you as a bona fide non-profit charitable organization.

8. Officers/Directors - please complete ALL of the information requested below (attach additional sheets if necessary)

Full Name & Title held in Organization	Home Address	Date of Birth	Social Security & Driver's License #	Telephone Numbers
A.			SSN:	H:
			DL:	W:
B.			SSN:	H:
			DL:	W:
C.			SSN:	H:
			DL:	W:
D.			SSN:	H:
			DL:	W:
E.			SSN:	H:
			DL:	W:
F.			SSN:	H:
			DL:	W:

9. Have any officers/directors listed in #8 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 the individual's name and a detailed description of the offense(s), i.e., where, when, and charge(s). Attach additional sheets if more space is needed. _____

10. Type of License for which your organization is applying:

☐ **RAFFLE** ☐ **BINGO** **RAFFLE & BINGO**
For raffle only, complete #12 For bingo only, complete #13 For bingo & raffle, complete #12 & #13

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

Address		
City	State	Zip

12. 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 #13)

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

Full Legal Name	Home Address (number & 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 a 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).

(An authorized officer of the organization must sign the certification.)

Signed: _____ Date: _____

Title (officer): _____

13. BINGO

Complete this section if your organization is applying for a license to conduct Bingo 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

14. CERTIFICATION

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

I, the undersigned ranking officer of the applying organization, acknowledge, understand, and agree that by applying for and accepting any Charitable Gaming license from the Idaho State Lottery:

1. I certify under penalty of perjury that all information provided in this application is accurate, complete, and free of misrepresentation or falsification. I understand that false or misleading statements may result in rejection of this application and/or revocation of any license issued. *Note: Under Idaho Code § 67-7425, it is a felony to omit required information or provide false information willfully.*
2. I certify that all bingo sessions, bingo games, and charitable raffles operated under this license will be conducted in full compliance with Idaho Statutes and Administrative Rules governing charitable gaming. I have read and understand Idaho Code Title 67, Chapter 77 ("Statute") and IDAPA 52.01.03 ("Rules").
Note: If internet access is unavailable, copies may be obtained by contacting the Charitable Gaming Coordinator at 208-780-2558.
3. I understand and agree that the operation of bingo and raffle activities is the direct responsibility of, and must be controlled by, the governing body of the organization listed on this application.
4. I acknowledge that failure to comply with the Statutes or Rules may subject the Licensee to disciplinary action, including civil penalties and suspension or revocation of the license.

Printed Name of Ranking Officer: _____

Title/Position: _____

Organization Name: _____

Signature: _____

Date: _____

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

[illegible]



IDAHO STATE POLICE
BUREAU OF CRIMINAL IDENTIFICATION
NAME BASED CRIMINAL BACKGROUND CHECK FORM
of the Idaho Central Repository of Criminal History Records
Conducted for the Idaho Lottery



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

Incomplete forms will be returned unprocessed.

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) Please provide both first and last name.			
Date of Birth (mm/dd/yyyy)	Social Security Number (optional)		Sex Race
Address	City	State	Zip
WAIVER 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 <i>This signature on the waiver must be within 180 days of the name check submission.</i>			

TO BE COMPLETED BY IDAHO LOTTERY
Incomplete forms will be returned unprocessed

Requesting Person or Company IDAHO LOTTERY PLEASE BILL BCI0059	Address of Requester (Results will be mailed to this address) Street <u>1199 SHORELINE LANE, SUITE 100</u> City, State & Zip Code <u>BOISE, ID 83702</u>	
Printed Name of Requester (Print Legibly) Tony Pittz	Signature of Requester 	Phone Number of Requester 208-334-2277

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

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