



**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES  
 OFFICE OF CHARITABLE AND REGULATORY PROGRAMS**

P.O. Box 526, Richmond, VA 23218  
 (804) 371-0495

[www.vdacs.virginia.gov](http://www.vdacs.virginia.gov)

**CHARITABLE GAMING PERMIT APPLICATION  
 (NEW APPLICANT ONLY)**

**General Instructions**

- A. Use this application when applying for an initial charitable gaming permit, or if an organization has not held a charitable gaming permit the last two years.
- B. Complete the entire application and all attachments.
- C. Place "N/A" if item is not applicable. **Please type or print all answers.** Do not use pencil.
- D. If needed, attach additional documents or explanation sheets.
- E. Ensure this application includes the area code in each instance where a telephone number is requested and it is signed/dated by the appropriate individual(s).
- F. Enclose a non-refundable \$200 application fee payable to: **Treasurer of Virginia**. Volunteer Fire Departments and Rescue Squads who have been recognized by their locality in accordance with § 15.2-955 of the *Code of Virginia*, and who can provide a copy of the ordinance or resolution of the locality, are exempt from the application fee.
- G. Retain a copy for your records.
- H. Mail completed application, applicable fee, and all required attachments to: VDACS, Office of Charitable and Regulatory Programs, P.O. Box 526, Richmond, Virginia 23218.
- I. Allow 45 days for processing a **COMPLETE** application. Incomplete applications and not providing applicable attachments will delay the processing.

**ORGANIZATION INFORMATION**

1. Organization's Federal Tax Payer Identification Number: _____	(Office Use Only)
2. Organization's Name: _____	
Mailing Address: _____	
City: _____	State: _____ Zip Code: _____ Telephone: _____
Email Address: _____	Web Page: _____
3. Organization's Physical Location: _____	
City: _____	State: _____ Zip Code: _____ Telephone: _____
Contact Person's Name: _____	Office/ Position Title: _____
First Name      Middle Name      Last Name	
Contact Person's Telephone: _____	Fax Number: _____
Email Address: _____	(Please print)
4. Jurisdiction where the organization regularly meets? _____	
County of: _____	City of: _____
5. Has the organization been in existence and met on a regular basis in the jurisdiction identified in question 4 for at least three years? If "no" is selected under this question, please provide an explanation as to where the organization has been domiciled for the last three years.	
If "no," please provide explanation.	Yes / No _____
6. Total Number of Members: _____ Total Number of Virginia Residents: _____	
Provide a complete list of members who work in the management and operation of charitable gaming activities, including name, address, and membership date.	Membership list attached with all information? Yes / No _____
7. Provide a copy of the organization's most recent Articles of Incorporation, By-Laws, Charter, Constitution, and any other organizing documents.	
Copies attached?	Yes / No _____

## ORGANIZATION INFORMATION

8. Provide the month, date and year the organization was formed.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month/Date/Year

9. Type of Tax Exempt Status Obtained from IRS:  
(Mark an "X" by the appropriate box)

<b>501 (c) TYPE</b>	3	4	8
	10	19	Other - Explain on separate page

10. Type of Organization:  
(Mark an "X" by the appropriate box)

Veterans _____	Community _____	Fraternal _____
Religious _____	Charitable _____	Education _____

Other: (Explain) \_\_\_\_\_

11. Date Internal Revenue Service Tax Exempt Status obtained.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month/Date/Year

12. **ALL ORGANIZATIONS** - Provide a copy of the Internal Revenue Service Tax Exempt Determination Letter (i.e. relating to the organization's 501(c) tax exempt status).

Copies attached? Yes / No \_\_\_\_\_

13. If "no" is selected under question 12, then please provide a copy of the Internal Revenue Service application for a tax exempt status, including all attachments.

Copies attached? Yes / No \_\_\_\_\_

14. In the last three years, has the organization had a 501(c) status with the Internal Revenue Service revoked or suspended?

*If "yes," please explain on a separate page.* Yes / No \_\_\_\_\_

15. Is the organization in compliance with Federal law relative to the filing, in the last three tax years of mandated Federal Returns (i.e. IRS Form 990, 990EZ, 990N, 990PF, 990T, etc.)?

*If "no," please explain on a separate page.* Yes / No \_\_\_\_\_

16. Attach a copy of the organization's most recent filed Federal Returns (i.e. IRS Form 990, 990EZ, 990N, 990PF, 990T, etc.)

Copies attached? Yes / No \_\_\_\_\_

If "no" is selected under question 16, then please provide the most recent Financial Statements prepared for the organization, including, but not limited to, balance sheet, income and expenditure statement, etc.

Copies attached? Yes / No \_\_\_\_\_

If "no" is selected under question 16, then please provide an explanation as to why the organization has not filed any of the Federal Returns (i.e. IRS Form 990, 990EZ, 990N, 990PF, 990T, etc.)

Copies attached? Yes / No \_\_\_\_\_

17. If your organization is a part of or related to a national and/or state organization, then please provide a letter of good standing from the national or state organization. If the national and/or state office has provided this information to the Department for the current year, please select N/A (not applicable).

Copies attached? Yes / No / N/A \_\_\_\_\_

18. Is your organization recognized as a corporation or a form of limited liability company, as defined by the Code of Virginia, and authorized to do business in Virginia?

*If "no," explain on a separate page on how the organization is exempt from this requirement.* Yes / No \_\_\_\_\_

If "yes" is selected under question 18, then is the organization's name as registered with the Virginia State Corporation Commission the same as provided under question 2.

Yes / No \_\_\_\_\_

If "no" is selected under the above question, please provide the organization's alternative name under this registration.

19. If "yes" is selected under question 18, then is your organization in "good standing" with the Virginia State Corporation Commission?

*If "no," please explain on a separate page.* Yes / No \_\_\_\_\_

## ORGANIZATION INFORMATION

20. Is the organization registered with the Department to solicit charitable contributions in the Commonwealth of Virginia pursuant to the Virginia Solicitation of Contributions law? *If "no," please explain on a separate page how the organization is exempt from registration.* Yes / No \_\_\_\_\_
- If "yes" is selected under question 20, then is the organization's name as registered with the Department the same as provided under question 2. Yes / No \_\_\_\_\_
- If "no" is selected under the above question, please provide the organization's alternative name under this registration. \_\_\_\_\_
- 
21. Has any officer, director, or game manager who participates in the management or operation of any charitable gaming activity ever been (a) convicted of a felony, (2) convicted of any misdemeanor involving fraud, theft or financial crimes within the preceding five years of this application, or (3) participated in the management, operation or conduct of any charitable game which was found by the Department, Charitable Gaming Board or a court of competent jurisdiction to have been operated in violation of state law, local ordinance, or Board's regulation within the last five years? *If "yes," please provide name, address, and details on a separate page.* Yes / No \_\_\_\_\_
- 
22. Has any officer, director, or game manager who participates in the conduct of any charitable gaming activity been (a) convicted of a felony in the preceding ten years, (2) convicted of any misdemeanor involving fraud, theft or financial crimes within the preceding five years of this application, or (3) participated in the management, operation or conduct of any charitable game which was found by the Department, Charitable Gaming Board or a court of competent jurisdiction to have been operated in violation of state law, local ordinance, or Board's regulation within the last five years? *If "yes," please provide name, address, and details on a separate page.* Yes / No \_\_\_\_\_
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23. Is any officer, director, game manager, member, or any member who volunteers in the conduct, operation, or management of charitable gaming activities related to a registered supplier, supplier's agent, employee, member of the supplier's immediate family or person residing in the same household who offers, provides, or sells gaming products to your organization? *If "yes," please provide name, address, and details on a separate page.* Yes / No \_\_\_\_\_

## CHARITABLE GAMING ACTIVITIES

24. List the location(s), day(s), date(s) and time(s) the charitable gaming activity(s) will be held: (List all planned activities below. If more space is needed or your organization utilizes additional facilities, provide the same information relative to the additional facility on a separate page and attach.)
- Building Name *(If applicable)*: \_\_\_\_\_
- Physical Street Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- Political Subdivision *(City, County or Town)*: \_\_\_\_\_
- |   |                         |   |
|---|-------------------------|---|
| Type of Gaming Activity:<br><i>(Mark an "X" by the appropriate box)</i> | Bingo _____             | Texas Hold'em Poker Tournament _____                              |
|   | Standalone Raffle _____ | Annual Pull Tab Event<br><i>(Please answer question 25)</i> _____ |
- Day(s) of the Week and/or Frequency of Gaming Activities: \_\_\_\_\_
- |   |  |
|---|--|
| Doors Open: _____ am/pm<br><small>(Doors open cannot be more than two hours before begin game time)</small> | Doors Close: _____ am/pm<br><small>(Doors close cannot be more than two hours after end game time)</small> |
| Begin Game Time: _____ am/pm  | End Game Time: _____ am/pm   |
| Maximum Occupancy: _____  | Total Square Footage Used: _____   |
| Facility Charges <i>(Per Session)</i> : _____   | Facility Lease: \$ _____ Equipment Lease: \$ _____   |

## CHARITABLE GAMING ACTIVITIES

24. *[Continued]* Has the organization identified all payments and/or consideration paid to the landlord? If "no," then please explain on a separate page identify each charge and the amount. Yes / No \_\_\_\_\_

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25. A qualified athletic association, or booster club or a band booster club created solely to raise funds for school-sponsored athletic or band activities for a public school or private accredited school (in accordance with § 22.1-19 of the *Code of Virginia*) or to provide scholarships to students attending such school wishing to conduct an annual pull tab event must submit all pertinent information identified on page 15 of the application. Is the pertinent information attached to this application? Yes / No \_\_\_\_\_

*If not applicable to the applicant organization, please leave blank.*

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26. **FOR ALL CHARITABLE GAMING ACTIVITIES:**

a. Does the organization own and has title to the facility or lease the facility where the charitable gaming activities will occur? (Select One):  Leased Facility  Owned Facility

Other (Explain): \_\_\_\_\_

If the organization does not own and have title to the facility, attach a copy of the current lease that authorizes the organization to use the facility in the conduct of charitable gaming activities, including bingo and raffle(s). Lease attached? Yes / No \_\_\_\_\_

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b. Is the equipment used to conduct the charitable gaming activities owned or leased by the organization? (Select One or Both):  Leased Equipment  Owned Equipment

Other (Explain): \_\_\_\_\_

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c. Landlord's Name: \_\_\_\_\_  
First Name Middle Name Last Name

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
First Name Middle Name Last Name

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d. Facility's Name: \_\_\_\_\_

Facility Manager's Name: \_\_\_\_\_  
First Name Middle Name Last Name

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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27. Are the premises used by more than one organization for the purpose of conducting charitable gaming activities? If "yes," is selected under this question, then please provide the name of each organization utilizing this facility on a separate page. Yes / No \_\_\_\_\_

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28. Will the organization conduct a raffle event outside of a bingo session? Yes / No \_\_\_\_\_

**STANDALONE RAFFLE**

a. If "yes" is selected under question 28, then will the raffle event be held in conjunction with a casino or Las Vegas night? Yes / No \_\_\_\_\_

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b. If "yes" is selected under question 28, then what date does the organization plan to begin raffle ticket sales? \_\_\_\_\_  
*(Tickets cannot be sold until receipt of a valid charitable gaming permit.)* Month/Date/Year

Date and time of the raffle drawing: \_\_\_\_\_  
Month/Date/Year | Time

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c. If "yes" is selected under question 28, then what is the raffle prize to be given away? *(Use additional page, if necessary.)*

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d. If "yes" is selected under question 28, then was the tangible prize(s) purchased and/or donated and what is the fair market value of each prize? *(Use additional page, if necessary.)*

Describe Tangible Prize: \_\_\_\_\_ Describe Tangible Prize: \_\_\_\_\_  
(Select One)  Prize Donated  Prize Purchased (Select One)  Prize Donated  Prize Purchased

Market Value of Prize: \_\_\_\_\_ Market Value of Prize: \_\_\_\_\_

## CHARITABLE GAMING ACTIVITIES

28. e. If "yes" is selected under question 28, then what is the total purchase price per ticket? (i.e. 1 ticket for \$5 and 4 tickets for \$15) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

f. If "yes" is selected under question 28, then will volunteers/members who sell the raffle tickets be allowed to buy raffle tickets? Yes / No \_\_\_\_\_  
 If "yes," is selected under this particular question, then please provide specific information on how the organization intends to maintain integrity of the raffle with this allowance. Copies attached? Yes / No \_\_\_\_\_

g. If "yes" is selected under question 28, then please provide information on the raffle activity, including who will be responsible for its oversight, and all rules of play (i.e. what happens if not enough tickets are sold or how many days a winner has to claim the prize.) Copies attached? Yes / No \_\_\_\_\_

h. If "yes" is selected under question 28, then will all of the raffle tickets be sold in the Commonwealth of Virginia? Yes / No \_\_\_\_\_  
 If "no" is selected under this particular question, then is the organization compliant with all of the jurisdictions where the raffle ticket will be sold? Yes / No \_\_\_\_\_  
 If "no" is selected under this particular question, then please provide an explanation on how the organization will sell tickets outside of the Commonwealth of Virginia. Copies attached? Yes / No \_\_\_\_\_

29. Name of individual responsible for filing financial reports: \_\_\_\_\_  
First Name Middle Name Last Name  
 Relationship to Organization: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 E-Mail Address: (Please Print) \_\_\_\_\_ Fax Number: \_\_\_\_\_

30. Where are the financial records stored and the contact person responsible for these records?  
 Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Contact Person's Name: \_\_\_\_\_  
First Name Middle Name Last Name Fax Number: \_\_\_\_\_

31. List the name of all individuals and/or suppliers who have offered and/or sold charitable gaming supplies to your organization during the last 12 months, or who the organization anticipates obtaining charitable gaming supplies from. *If "yes," please complete the information below on the supplier. Use additional page, if necessary.*

a. Supplier's Name: \_\_\_\_\_  
 b. Supplier's Name: \_\_\_\_\_  
 c. Supplier's Name: \_\_\_\_\_

32. Does the organization pay or anticipate paying any caller or bingo manager for participating in the organization's charitable gaming activities? *If "yes," please complete the information below for each individual. Use additional page, if necessary.* Yes / No \_\_\_\_\_

a. Individual's Name: \_\_\_\_\_  
First Name Middle Name Last Name Position Title (Select One or Both):  
Registration Number (BMR/BCR#): \_\_\_\_\_  Bingo Caller  Bingo Manager

b. Individual's Name: \_\_\_\_\_  
First Name Middle Name Last Name Position Title (Select One or Both):  
Registration Number (BMR/BCR#): \_\_\_\_\_  Bingo Caller  Bingo Manager

## CHARITABLE GAMING ACTIVITIES

33. Describe in detail how the funds derived from the organization's charitable gaming activities will be disbursed in accordance with those lawful religious, charitable, community or educational purposes.

## TEXAS HOLD'EM POKER TOURNAMENTS

*(Please complete this particular section if you selected this option under question 24 of the application)*

34. Will the organization manage, operate and conduct its own Texas Hold'em poker tournament and/or contract with a registered operator to administer its poker tournament? Operator    Organization  
*(Circle Selection)*

### OPERATOR

a. If "operator" is selected under question 34, then please identify the operator, which must be registered as an operator with the Office of Charitable and Regulatory Programs as a operator of Texas Hold'em poker tournaments.

Operator's Name: \_\_\_\_\_

Operator's Name: \_\_\_\_\_

Operator's Name: \_\_\_\_\_

b. If "operator" is selected under question 34, then please provide a copy of all signed written contracts between the organization and operator. *Copies attached?*    Yes / No    \_\_\_\_\_

c. If "operator" is selected under questions 34, then is the written contract between the organization and the operator, which is attached to this application complies with the provisions of 11VAC15-50-140. Yes / No    \_\_\_\_\_

d. If "operator" is selected under question 34, then the organization must identify all of its Charitable Host Representatives, who must be present for a portion of the poker tournament and be physically or remotely available for all times a Texas Hold'em poker tournament is in play as required by 11VAC15-50-60. Please ensure a "Gaming Personnel Information" form, which is contained within this application is completed for all Charitable Host Representatives and ensure they understand their responsibilities pertaining to the tournaments.

Charitable Host Representative's Name: \_\_\_\_\_

Charitable Host Representative's Name: \_\_\_\_\_

Charitable Host Representative's Name: \_\_\_\_\_

### ORGANIZATION

e. If "organization" is selected under question 34, then the organization must provide a copy of its written internal control policies and procedures, including a segregation of duties, cash security, and cash controls based on generally accepted standards. Organization is expected to adhere to these written internal control policies and procedures. *Copies attached?*    Yes / No    \_\_\_\_\_

f. If "organization" is selected under question 34, then the organization must identify all of its Game Managers for Texas Hold'em Poker Tournaments, who must be physically present during the entire duration of the Texas Hold'em poker tournament as required by 11VAC15-50-60. Please ensure a "Gaming Personnel Information" form, which is contained within this application is completed for all Game Managers for Texas Hold'em Poker Tournaments and ensure they understand their responsibilities pertaining to the tournaments.

Game Manager's Name: \_\_\_\_\_

Game Manager's Name: \_\_\_\_\_

Game Manager's Name: \_\_\_\_\_

## TEXAS HOLD'EM POKER TOURNAMENTS

g. If "organization" is selected under question 34, then the organization must provide a sample badge, which must be worn by the Game Manager, Dealer and other game workers during the Texas Hold'em poker tournament. Badges issued to a Game Manager and other game workers must include the following: 1) A recent photo of the individual; 2) first name and last name of the individual; 3) name of the organization; and 4) a date of when the badge was issued to the individual.

*Copies attached?*    Yes / No    \_\_\_\_\_

35. Is there a direct or indirect interest or ownership in an operator by any of the following individuals?

- a. Organization's President, Chief Executive Officer or equivalent position? Yes / No    \_\_\_\_\_
- b. Organization's Treasurer, Chief Financial Officer or equivalent position? Yes / No    \_\_\_\_\_
- c. Any of the organization's Game Manager for Texas Hold'em Poker Tournaments? Yes / No    \_\_\_\_\_
- d. Any of the organization's Charitable Host Representative? Yes / No    \_\_\_\_\_
- e. Any immediate family member of any individuals identified in the above questions 36a, 36b, 36c and 36d? A immediate family member is defined as an individual's spouse, parent, child, sibling, grandchild, grandparent, mother or father-in-law, or stepchild. Yes / No    \_\_\_\_\_
- f. Any person residing in the same household of any individuals identified in above questions 36a, 36b, 36c and 36d? Yes / No    \_\_\_\_\_

36. If "yes" is selected under any portion of question 35, then the organization must identify all individuals, who have a direct or indirect interest or ownership in an operator and information related to their interest or ownership.

Individual's Name: \_\_\_\_\_

Name of operator for which the individual has interest in: \_\_\_\_\_

Amount of the Interest (Select One):     Less than \$50,000     Between \$50,001 to \$250,000     More than \$250,000

Percentage of the Interest: \_\_\_\_\_

Nature of the Interest Instrument: \_\_\_\_\_

Individual's Name: \_\_\_\_\_

Name of operator for which the individual has interest in: \_\_\_\_\_

Amount of the Interest (Select One):     Less than \$50,000     Between \$50,001 to \$250,000     More than \$250,000

Percentage of the Interest: \_\_\_\_\_

Nature of the Interest Instrument: \_\_\_\_\_

Individual's Name: \_\_\_\_\_

Name of operator for which the individual has interest in: \_\_\_\_\_

Amount of the Interest (Select One):     Less than \$50,000     Between \$50,001 to \$250,000     More than \$250,000

Percentage of the Interest: \_\_\_\_\_

Nature of the Interest Instrument: \_\_\_\_\_

37. Will the Texas Hold'em poker tournament, whether conducted by the organization or administered by an operator hired by the organization adhere to requirements under 11VAC15-50-60 (A), which states the following:

Yes / No    \_\_\_\_\_

- a. Players shall pay a fixed fee for entry into the competition and for a certain amount of poker chips for use in the competition;
- b. Players may be allowed to pay an additional fee during set preannounced times of the competition to receive additional poker chips for use in the competition;
- c. Players may be seated at one or more tables simultaneously playing Texas Hold'em poker
- d. Players shall, upon running out of poker chips, be eliminated from the competition; and
- e. A set preannounced number of players shall be awarded prizes of value according to how long such players remain in the competition.



## TEXAS HOLD'EM POKER TOURNAMENTS

38. Will the Texas Hold'em poker tournament, whether conducted by the organization or administered by an operator hired by the organization prohibit any individual under the age of 18 from playing or being involved in the tournament?	Yes / No _____
39. Will the organization require all of its Game Mangers for Texas Hold'em Poker Tournament, Dealers and other game workers to wear a badge, which a sample of the badge was provided under question 35g; or in the case of a Charitable Host Representative, a badge issued by the operator and require them to carry a current photo identification, such as a driver's license or other government issued identification?	Yes / No _____
40. Will the Texas Hold'em poker tournament, whether conducted by the organization or administered by an operator hired by the organization adhere to the rules governing tournaments as established by the Poker Tournament Directors Association?	Yes / No _____
41. Will the Texas Hold'em poker tournament, whether conducted by the organization or administered by an operator hired by the organization adhere to the code of conduct and etiquette as established by Robert's Rules of Poker and tournament's house rules?	Yes / No _____
42. Is the facility, which will hold the Texas Hold'em poker tournament contain any games authorized by the Virginia Lottery Department, Virginia Racing Commission, skill games or any other games or gambling activities not explicitly authorized by § 18.2-340.15 et seq. of the <i>Code of Virginia</i> ?	Yes / No _____
43. Is there any loans or payments directly or indirectly by a landlord of the facility used to hold Texas Hold'em poker tournaments to any of the following individuals?	
a. Organization's members or any persons affiliated or associated with the organization?	Yes / No _____
b. Any immediate family member of any individuals identified in the above question 43a? A immediate family member is defined as an individual's spouse, parent, child, sibling, grandchild, grandparent, mother or father-in-law, or stepchild.	Yes / No _____
c. Any person residing in the same household of any individuals identified in the above question 43a?	Yes / No _____
44. If "yes" is selected under any portion of question 43, then the organization must identify all individuals, who received payments or loans directly or indirectly from the landlord of the facility used to hold Texas Hold'em poker tournaments. If the individual received more than one payment or loan, then please include all relevant information within this question on separate sheet and attach it to this application.	
Individual's Name: _____	
Name of landlord for which the individual received a payment or loan: _____	
Total Amount of the Payment: _____	Date of Payment or Loan Received? _____
Total Amount of the Loan: _____	Is the Loan Forgivable? Yes / No _____
Interest Rate of the Loan: _____	Was the Loan Forgiven? Yes / No _____
Individual's Name: _____	
Name of landlord for which the individual received payments or loans: _____	
Total Amount of the Payment: _____	Date of Payment or Loan Received? _____
Total Amount of the Loan: _____	Is the Loan Forgivable? Yes / No _____
Interest Rate of the Loan: _____	Was the Loan Forgiven? Yes / No _____
Individual's Name: _____	
Name of landlord for which the individual received payments or loans: _____	
Total Amount of the Payment: _____	Date of Payment or Loan Received? _____
Total Amount of the Loan: _____	Is the Loan Forgivable? Yes / No _____
Interest Rate of the Loan: _____	Was the Loan Forgiven? Yes / No _____



**FOR VOLUNTEER FIRE DEPARTMENTS AND RESCUE SQUADS EXEMPT FROM THE APPLICATION FEE UNDER § 15.2-955 OF THE CODE OF VIRGINIA**

45. Is the applicant organization currently recognized in accordance with § 15.2-955 of the <i>Code of Virginia</i> by an ordinance or resolution by a political subdivision where the organization is located as being part of the safety program of the political subdivision?	Yes / No _____
46. Date the organization was recognized in accordance with § 15.2-955 of the <i>Code of Virginia</i> by an ordinance or resolution by a political subdivision where the organization is located as being part of the safety program of the political subdivision.	_____ Month/Date/Year
47. Name of political subdivision that has recognized the applicant organization as being part of its safety program.	_____ City, County or Town
48. Provide a copy of the dated ordinance or resolution issued by the above referenced political subdivision that designates the applicant organization as being part of the safety program of the political subdivision.	<i>Copies attached?</i> Yes / No _____



## IMPORTANT NOTICE TO ALL ORGANIZATIONS

All organizations conducting charitable gaming must file a quarterly financial report beginning with the month they (1) conduct bingo, (2) conduct Texas Hold'em poker tournaments, or (3) begin raffle sales, and each quarter thereafter as long as they have charitable gaming receipts or disbursements, and must file the annual financial report, as prescribed by law.

Failure to do so will result in the automatic revocation of the organization's charitable gaming permit in accordance with § 18.2-340.30 (E) of the *Code of Virginia*.

Organizations are required to file reports by the following dates:

<b><i>Quarterly Report Period</i></b>	<b><i>Quarterly Report Due Date</i></b>
January 1 - March 31 April 1 - June 30 July 1 - September 30 October 1 - December 31	June 1 September 1 December 1 March 1
<b><i>Annual Report Period</i></b>	<b><i>Annual Report Due Date</i></b>
January 1 through December 31	March 15

**\$25.00 per day late filing penalty.**

To obtain the Financial Reporting Forms, please visit the OCRP web site at [www.vdacs.virginia.gov/charitable-gaming-financial-reporting.shtml](http://www.vdacs.virginia.gov/charitable-gaming-financial-reporting.shtml)

## GAMING PERSONNEL INFORMATION

Section 18.2-340.25 of *Code of Virginia* provides that no charitable gaming permit can be issued prior to a reasonable background investigation conducted by the Office of Charitable and Regulatory Programs.

Please complete this form for the following individual in each office/position:

- |  |  |
|--|--|
| (1) President, Chief Executive Officer or equivalent position; | (4) for each Charitable Host Representative.                 |
| (2) Treasurer, Chief Financial Officer or equivalent position; | (5) for each Game Manager for Texas Hold'em Poker Tournament |
| (3) for each Bingo Manager or Game Manager for Bingo/Raffle;   |  |

### OFFICE/POSITION

**(Please check the appropriate position box for the individual)**

\_\_\_\_\_  
President, Commander, Chief Executive Officer, Governor, Exalted Ruler or equivalent position

\_\_\_\_\_  
Treasurer, Chief Financial Officer, Financial Officer or equivalent position

\_\_\_\_\_  
Bingo Manager or Game Manager for Bingo/Raffle

\_\_\_\_\_  
Charitable Host Representative

\_\_\_\_\_  
Game Manager for Texas Hold'em Poker Tournaments

### DISCLAIMER AND AFFIDAVIT

I understand that I am required to submit a Gaming Personnel Information Update Form for any change in the above office/position after submission of this Renewal Application, and immediately upon any change in any of the above designated officers. If I am a Charitable Host Representative or a Game Manager for a Texas Hold'em Poker Tournament, then I have attached a copy of my current identification, such as a driver's license or other government issued identification with this particular form.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### PERSONAL INFORMATION

Answer each section in its entirety and enter your **FULL PROPER LEGAL NAMES** -- applications with initials or incomplete responses will delay processing of the application. If you do not have no middle name, then insert "NMN" (No Middle Name).

Full Name: \_\_\_\_\_ Office/Position Title: \_\_\_\_\_  
Complete First Name                  Complete Middle Name                  Complete Last Name

Term of Office Holder: \_\_\_\_\_

Begin Term Date: \_\_\_\_\_  
Month/Date/Year

End Term Date: \_\_\_\_\_  
Month/Date/Year

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_

Sex: \_\_\_\_\_

Physical Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Other Phone Number: \_\_\_\_\_

E-Mail Address: (Please Print) \_\_\_\_\_

If "Charitable Host Representative" was selected in the office/position section above, then a copy of the individual's identification, such as a driver's license or other government issued identification is attached to this particular form.

Copy attached? Yes / No \_\_\_\_\_

If "Game Manager for Texas Hold'em Poker Tournament" was selected in the office/position section above, then a copy of the individual's identification, such as a driver's license or other government issued identification is attached to this particular form.

Copy attached? Yes / No \_\_\_\_\_

**Prior to issuance of a license or permit, the Office of Charitable and Regulatory Programs reserves the right to request additional information from those named on this particular "Gaming Personnel Information" form.**

**THE PRESIDENT/CHIEF EXECUTIVE OFFICER, OR DESIGNEE, OF THE ORGANIZATION MUST PRINT HIS/HER NAME, AFFIX HIS/HER SIGNATURE, AND PROVIDE THE DATE.**

I hereby certify that all information provided in this form and attachments are true to the best of my knowledge, information and belief, that I have not knowingly made a false statement of material fact on this form, and that I have read and understand the terms and conditions as set out under the charitable gaming statutes, Charitable Gaming Regulations and Texas Hold'em Poker Regulations. I understand that untruthful or misleading answers are cause for denial of the amendment to the charitable gaming permit. I also agree that the organization listed on this application and its officers, directors, members, and individuals affiliated with the organization will abide by the charitable gaming statutes and Charitable Gaming Regulations during the management, operation and conduct of bingo game(s) and/or raffle(s); and the Texas Hold'em Poker Regulations during the management, operation, conduct, or administering of Texas Hold'em poker tournament. I understand that if any information on the form changes or is found to be inaccurate, then the organization shall notify the department and provide the updated or corrected information within three business days of the change or the discovery of the inaccuracy.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Complete First Name      Complete Middle Name      Complete Last Name

Office/  
Position Title: \_\_\_\_\_

## SUPPLEMENTAL INFORMATION

Use these forms only if the following circumstances apply: (1) the organization plans to conduct a standalone raffle - separate and apart from their regularly permitted charitable gaming activities, or if this is the only type of event conducted during any permit term, or (2) Use the Instant Bingo, Pull Tab, and Seal Card Requirements Form only if the organization meets the requirements of Section 18.2-340.26:2 of the Code of Virginia.

1. Standalone Raffle Requirements Form - page 14 of the application
2. Annual Pull-Tab Event Requirements Form - page 15 of the application

For use only by an athletic association or booster club or a band booster club established solely to raise funds for school-sponsored athletic or band activities for a public school or private school accredited pursuant to § 22.1-19 of the *Code of Virginia* or to provide scholarships to students attending such school. The annual pull-tab event is limited to be part of an annual fundraising event that occurs once a year.

## STANDALONE RAFFLE REQUIREMENTS

Information/questions in this particular section must be completed/answered in its entirety for each standalone raffle, if the organization intends to conduct a standalone raffle outside of a bingo session. Organizations are responsible for ensuring their compliance with all State and Federal laws when conducting its standalone raffle activities.

### RAFFLE TICKETS

(Attach a sample copy of each standalone raffle ticket.)

Each raffle ticket must conform to the requirements of 11VAC15-40-130 (C) of the Charitable Gaming Regulations, including, but not limited to, raffle tickets being sequentially numbered and having a detachable section, with one portion going to the seller and the other portion to the purchaser.

The portion that is retained by the **Seller** must include:

\_\_\_\_\_ The purchasers name, complete address and contact telephone number.

\_\_\_\_\_ The matching sequential ticket number to the portion provided to the purchaser.

The portion that goes to the **Purchaser** must include, but is not limited to:

\_\_\_\_\_ The ticket number.

\_\_\_\_\_ The selling price of each ticket.

\_\_\_\_\_ The prize(s) to be awarded.

\_\_\_\_\_ The date, time, and name/address of the physical.

\_\_\_\_\_ The physical location of the drawing.

\_\_\_\_\_ The name, address and telephone number of the organization.

\_\_\_\_\_ The charitable gaming permit number (after issuance by the Department).

**NOTE:** Raffle tickets may not be printed until the organization is authorized in writing to do so by OCRP.

### RAFFLE NARRATIVE

(Please use a separate sheet to answer the following questions.)

Please provide a written narrative describing how the organization will conduct the raffle. Please be very specific and detailed. This narrative must include, but is not limited to, the following:

#### Part I - Scope and Purpose of Raffle

a. How many raffle tickets will be printed?

b. How much will each raffle ticket cost?

\_\_\_\_\_ \$ \_\_\_\_\_

c. What are the anticipated gross receipts (Multiply Line A by Line B) = \_\_\_\_\_

d. What will happen if the raffle is not successful such as not all of the tickets are sold to pay for the raffle prize?

e. Attach a copy of the rules of play that will govern each standalone raffle, as required by question 8g on the form. Please explain how raffle ticket purchasers will receive these rules?

f. For all prizes identified in question 8c of the form, please provide a letter of intent from the individual/business from which the prize is being purchased/donated stating the (i) terms and conditions of the transaction(s), if any and (ii) the fair market value of the prize. This letter from a business needs to be written on the business letterhead, signed and dated from an authorized person. If the organization already owns the prize, which is not a motor vehicle, motorcycle, boat, or trailer, then please provide confirmation of its possession of the prize and/or receipt. If the organization already owns the prize, which is a motor vehicle, motorcycle, boat or trailer, then please provide a copy of the original bill of sale or title.

#### Part 2 - Sales Distribution

a. How will the money from the sales of raffle tickets be controlled; accounted for; and collected from purchasers and sellers?

b. How will the distribution and the selling of raffle tickets be handled?

c. Pursuant to 11VAC15-40-80 (C) of the Charitable Gaming Regulations, it states, "[w]inning tickets and unsold tickets shall be maintained for three years from the close of the fiscal year." As such, does the organization intend to collect unsold raffle tickets from sellers and where does it intend to store these unsold and winning raffle tickets during this three year time frame?

d. Please provide any other information pertinent to the sales distribution of the raffle tickets.

#### Part 3 - Drawing Process and Prize Winners

a. Who will conduct the raffle drawing?

b. Describe the drawing process.

c. If applicable, provide a copy of the current lease that authorizes the organization to use the facility in the conduct of the drawing for its raffle, as required by question 6a of the form.

d. How will the prizes be distributed? Does the winner need to be present? How many days does the winner have to claim the prize? What happens if the winner does not claim the prize?

e. Please provide any other information pertinent to the drawing process and/or prize winners of the raffle ticket.

## ANNUAL PULL-TAB EVENT REQUIREMENTS

Information/questions in this particular section must be completed/answered in its entirety for the activity conducted in accordance with § 18.2-340.26:2 of the *Code of Virginia*. Organizations are responsible for ensuring their compliance with all State and Federal laws when conducting its annual pull-tab event.

## STATUTORY REQUIREMENTS

In accordance § 18.2-340.16 of the *Code of Virginia*, it defines organization, in part as "[a]n athletic association or booster club or a band booster club established solely to raise funds for school-sponsored athletic or band activities for a public school or private school accredited pursuant to § 22.1-19 or to provide scholarships to students attending such school."

In accordance with § 18.2-340.26:2 of the *Code of Virginia*, it provides that "[a]s a part of its annual fund-raising event, any qualified organization that is an athletic association or booster club or a band booster club may sell instant bingo, pull tabs, or seal cards provided that (i) the sale is limited to a single event in a calendar year and (ii) the event is open to the public."

An organization, as reference above must meet the requirements of an athletic association or booster club or a band booster club and all of the requirements under § 18.2-340.26:2 of the *Code of Virginia* prior to making application to obtain a charitable gaming permit to conduct its annual pull-tab event.

## ACTIVITY REQUIREMENTS

1. The organization must have a valid charitable gaming permit issued by OCRP, except as stated in § 18.2-340.23 (A) of the *Code of Virginia*.
2. Provide a copy of the rules of play that will be utilized in the conduct of the annual pull-tab event.
3. Provide the name of all individuals and/or suppliers from whom the organization anticipates obtaining the deals of instant bingo, pull-tabs or seal cards to your organization for its annual pull-tab event.
4. If applicable, provide a copy of the current lease that authorizes the organization to use the facility in the conduct of the drawing for its annual pull-tab event, as required by question 6a of the form.
5. Provide a narrative describing the pull-tab event.
6. The qualified organization must ensure compliance with following requirements while conducting the annual pull-tab event:
  - a. In accordance with § 18.2-340.26:2 of the *Code of Virginia*, it requires the instant bingo, pull-tabs or seal cards to be sold only as part of a single annual fund-raising event that occurs once a calendar year.
  - b. The organization cannot conduct instant bingo, pull tab, or seal card activities on any day, at any time, or at any other premise(s) not specified on the organization's charitable gaming permit.
  - c. The organization cannot conduct any other charitable gaming activity at its annual pull-tab event, including, but not limited to, bingo, 50/50 raffles, basket bingo, etc., unless it is specified on the organization's charitable gaming permit.
  - d. The event must be open to the public as required by § 18.2-340.26:2 of the *Code of Virginia*.
  - e. The charitable gaming permit and the flare for each deal of instant bingo, pull-tab or seal card must be prominently posted.
  - f. No instant bingo, pull tab or seal card may be sold at a price different from the price printed on the ticket by the manufacturer on either the instant bingo, pull tab, seal card or flare.
  - g. The organization must purchase all deals of instant bingo, pull tabs or seal cards from a licensed charitable gaming supplier.
  - h. The invoice for each instant bingo, pull tab or seal card being offered for sale or sold during the referenced annual pull-tab event shall be on the premises at all times listed on the permit.
  - i. Winning instant bingo, pull tab or seal card tickets shall only be redeemed at the date/time/location indicated on the organization's charitable gaming permit.
  - j. No instant bingo, pull tab or seal card ticket shall be provided or sold to any person under 18 years of age. No individual under 18 years of age shall play or redeem any instant bingo, pull tab or seal card ticket.
  - k. All instant bingo, pull tab, and seal card supplies utilized at the referenced annual fund-raising event shall be paid for only by check drawn on the organization's charitable gaming account. All monies related to the annual pull-tab event must be deposited into the organization's charitable gaming account within two business days after the conclusion of the event.
  - l. All recordkeeping requirements and financial report requirements under the §18.2-340.16 et seq. of the *Code of Virginia* and the Charitable Gaming Regulations must be adhered to.
  - m. All unsold instant bingo, pull tab, and seal card games shall be inventoried at the close of the annual pull-tab event, and held in accordance with §18.2-340.16 et seq. of the *Code of Virginia* and the Charitable Gaming Regulations.