



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

P.O. Box 526, Richmond, VA 23218
(804) 786-1343, Option 2
www.vdacs.virginia.gov

CHARITABLE GAMING REGISTRATION APPLICATION

General Instructions

- A. Use this application when registering to conduct a charitable gaming activity, other than a raffle, as authorized by § 18.2-340.16 et seq. of the *Code of Virginia*. In using this application, a registered activity cannot exceed \$40,000 in gross receipts and it cannot exceed a total of seven days per calendar year. If the organization anticipates it will exceed the gross receipts limitation or the number of days limitation, then it must complete a permit application instead in lieu of this form.
- B. In accordance with § 18.2-340.33 (14) of the *Code of Virginia*, the organization must purchase any charitable gaming supplies from a licensed charitable gaming supplier. A list of licensed charitable gaming suppliers may be found at the following website: www.vdacs.virginia.gov/charitable-gaming-registered-suppliers.shtml
- C. In accordance with § 18.2-340.33 (12) of the *Code of Virginia*, no person shall participate in the management or operation of any charitable gaming activity ever been (i) convicted of a felony, (ii) convicted of any misdemeanor involving fraud, theft or financial crimes within the preceding five years, or (iii) participated in the management, operation or conduct of any charitable game which was found by the Department or a court of competent jurisdiction to have been operated in violation of state law, local ordinance, or the Charitable Gaming Regulations within the preceding five years. Furthermore, no person shall participate in the conduct of any charitable gaming activity ever been (i) convicted of a felony within the preceding ten years, (ii) convicted of any misdemeanor involving fraud, theft or financial crimes within the preceding five years, or (iii) participated in the management, operation or conduct of any charitable game which was found by the Department or a court of competent jurisdiction to have been operated in violation of state law, local ordinance, or the Charitable Gaming Regulations within the preceding five years.
- D. Place "N/A" if item is not applicable. **Please type or print all answers.** Do not use pencil.
- 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. Mail the completed registration application to the following address: VDACS, Office of Charitable and Regulatory Programs, P.O. Box 526, Richmond, Virginia 23218.

ORGANIZATION INFORMATION

1. Organization's Federal Tax Payer Identification Number: _____ **OCRP#**
(Office Use Only) _____

2. Organization's Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____ Telephone: _____
Email Address: _____

3. Contact Person's Name: _____ Office/
Position Title: _____
First Name Middle Name Last Name
Contact Person's Telephone: _____ Fax Number: _____
Email Address: _____

4. Type of Tax Exempt Status Currently with the IRS: (Mark an "X" by the appropriate box)

<input checked="" type="checkbox"/> 501 (c) TYPE	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
	<input type="checkbox"/> 10	<input type="checkbox"/> 19	<input type="checkbox"/> Another 501(c) status -- please identify

CHARITABLE GAMING ACTIVITIES

5. List the location(s), day(s), date(s) and time(s) the charitable gaming activity(s) will be held:

Building Name (If applicable): _____
Physical Address: _____
City: _____ State: _____ Zip Code: _____
Type of Charitable Gaming Activity: _____
Day(s) of the Week and/or Frequency of Gaming Activities: _____
Doors Open: _____ am/pm Doors Close: _____ am/pm
("Doors open" cannot be more than two hours before "begin game time."
This requirement only applies to bingo) ("Doors close" cannot be more than two hours after "end game time." This requirement only applies to bingo)
Begin Game Time: _____ am/pm End Game Time: _____ am/pm

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 on behalf of the organization that I do not reasonably expect for the organization to realize more than \$40,000 in gross receipts on a total of no more than seven days per calendar year for the charitable gaming activities listed on this registration form, (b) I understand that should the organization exceed the \$40,000 threshold, it will be required to file the report in accordance with § 18.2-340.30 of the *Code of Virginia* , and (c) I understand that the organization is required to comply with the provisions of § 18.2-340.16 et seq. of the *Code of Virginia* and Charitable Gaming Regulations.

Signature: _____ Date: _____

Full Name: _____ Office/
Position Title: _____
Complete First Name Complete Middle Name Complete Last Name