

REV-1752 AS (1-07)

Licensing Authority - Enter County Name or Governing Authority Name, Address and Telephone Number
BARBARA BAIR
YORK COUNTY TREASURER
28 E. MARKET ST., ROOM 126
YORK PA 17401-1584

ELIGIBLE ORGANIZATION GAMES OF CHANCE APPLICATION

Please Print or Type

FOR LICENSING AUTHORITY
USE ONLY

IMPORTANT: READ INSTRUCTIONS ON PAGE FOUR BEFORE COMPLETING APPLICATION

1 Check (✓) Appropriate Block:

- Initial Application
- Annual Renewal
- Change of Data

The Licensing Authority must be notified of changes to the information included on this application within 15 days of the change.

2 Submit a check, cashier's check or money order payable to the Licensing Authority above for the fee due.

TYPE OF APPLICATION	FEE	EXPLANATION
<input type="checkbox"/> Games of Chance License	\$ 100	Required for original and every renewal application.
<input type="checkbox"/> Limited Occasion License	\$ 10	Required for original and every renewal application.
<input type="checkbox"/> Replacement License	➔	Issued only if original is defaced, destroyed or lost. Contact the Licensing Authority for current fee.

3 Name of Municipality (city, borough, incorporated town or township)

4 Liquor License Number (if applicable)

5 Indicate Type of Organization (See instructions on page 4)

6 If Incorporated, check (✓) here and attach copy of Articles of Incorporation.

7 Name of Organization

8 Date Organization was formed

9 Location of Organization and Licensed Premises

9.a. Address of Normal Business or Operating Site

Street _____ County _____

City _____ State _____ Zip Code _____

Telephone Number () _____

9.b. Mailing Address Check if same as 9a

Street _____ County _____

City _____ State _____ Zip Code _____

Telephone Number () _____

9.c. Licensed Premises Check if same as 9a

Street _____ County _____

City _____ State _____ Zip Code _____

Telephone Number () _____

Licensed Premises is (check applicable box)

- Owned by Organization
- Leased by Organization
- Owned or leased by another licensed eligible organization and leased to or used by the organization
- Other (Explain) _____

10 A. Eligible organization's operating day

B. Eligible organization's operating week

11 As the Executive Officer or Secretary of the Eligible Organization, I certify, under penalties of perjury and falsification found in 18 Pa. C.S.A. §4901 et seq. that:

- a. No person under 18 years of age shall be permitted to operate or play games of chance; and
- b. No person who will manage, set up, supervise or participate in the operation of games of chance has been convicted of a felony, a violation of the Act of July 10, 1981 (P.L. 214, No. 67), known as the Bingo Law, or the Act of December 19, 1988 (P.L. 1262, No. 156), known as the Local Option Small Games of Chance Act; and
- c. The facility in which games of chance are to be played has adequate means of ingress and egress and adequate sanitary facilities available in the area and meets all Department of Health and other local or federal sanitary requirements; and
- d. The eligible organization is the owner of the premises upon which the games of chance are played; or, if it is not, the organization is not leasing such premises from the owner under an oral agreement, nor is it leasing such premises from the owner under a written agreement as a rental which is determined by the amount of receipts realized from the playing of games of chance or by the number of people attending; except for a banquet where a per head charge is in connection with the serving of a meal.
- e. The organization has not been convicted of a violation of the Act of December 19, 1988 (P.L. 1262, No. 156), known as the Local Option Games of Chance Act; and
- f. That I have examined this application, including accompanying schedules and statements, and to the best of my knowledge and belief, all information provided is true, correct and accurate.

Signature of Officer Preparing Application	Title	Date
Print Name	Social Security Number - -	Telephone Number ()

12 COMMONWEALTH OF PENNSYLVANIA

COUNTY OF _____

Before me this day personally appeared _____ who, being duly sworn according to law, deposes and says that the statements contained in the foregoing application are true and correct.

Subscribed and sworn to before me this date: _____
 Month Day Year

(Seal)

 Notary Signature My commission expires on _____

FALSE OR FRAUDULENT APPLICATION IS PUNISHABLE BY A FINE OF \$1,000 OR IMPRISONMENT FOR ONE YEAR OR BOTH.

THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THE APPLICATION (use 8 1/2" X 11" sheets where possible).

1. Check, cashier's check or money order in the amount of the total application fee payable to the Licensing Authority annotated on page 1 of this application.
2. Schedule Sheet.
3. If incorporated, submit a copy of the applicant's Articles of Incorporation. If not incorporated, submit a copy of Bylaws or other legal documents that define the organization's structure and purposes. Documentation indicating the organization has been fulfilling its purpose for one year prior to applying for a license is required.
4. Submit a copy of the applicant's Internal Revenue Service tax exemption approval letter, or official documentation indicating the applicant is a non-profit charitable organization.
5. Details and copies of all written lease or rental arrangements between the applicant and the owner of premises upon which the games of chance will be conducted, if such premises are leased or rented. If premises is owned, provide a copy of the deed.

SCHEDULE SHEET FOR ELIGIBLE ORGANIZATION GAMES OF CHANCE LICENSING

Please Print or Type All Information

SCHEDULE A – Check (✓) Which Type(s) of Games of Chance the Organization Will Conduct:

Daily/Weekly Drawings
 Pull Tabs
 Punch Boards
 Raffles

SCHEDULE B – List the following data for all officers, directors, owners and partners. If incorporated, list all officers and shareholders controlling 10 percent or more of outstanding stock. If organized as a partnership, list data for all partners. For all other entities, list data of any other financially responsible person.

Full Name	Title or Relationship	Social Security Number - -
Complete Mailing Address		Telephone Number ()
Full Name	Title or Relationship	Social Security Number - -
Complete Mailing Address		Telephone Number ()
Full Name	Title or Relationship	Social Security Number - -
Complete Mailing Address		Telephone Number ()

SCHEDULE C – List all persons who will be responsible for operation of Games of Chance; including employees, bar personnel and organizational members or auxiliary members who will obtain and coordinate use of Games of Chance.

Full Name	Title or Relationship	Social Security Number - -
Complete Mailing Address		Telephone Number ()
Full Name	Title or Relationship	Social Security Number - -
Complete Mailing Address		Telephone Number ()
Full Name	Title or Relationship	Social Security Number - -
Complete Mailing Address		Telephone Number ()

SCHEDULE D – List Distributors with whom the Organization anticipates doing business:

Name of Distributor	Complete Mailing Address	Telephone Number
		()
		()
		()
		()

SCHEDULE E – Auxiliary Groups - List all Auxiliary groups of the applicant conducting games of chance under the applicant's license:

1. _____
2. _____
3. _____
4. _____
5. _____

INSTRUCTIONS FOR COMPLETING ELIGIBLE ORGANIZATION GAMES OF CHANCE APPLICATION

The licensing authority (County Treasurer, or in any home rule county where there is no elected treasurer, the designee of the governing authority) should enter the county name or governing authority name, address and telephone number in the space provided at the top of the application prior to making application forms available to the local eligible organizations.

Questions regarding games of chance and this application should be referred to the licensing authority on page one at the top of the application. If the information is missing, refer to the Government Section of your local telephone book to determine the name and address of your county licensing authority.

APPLICATION INSTRUCTIONS

- ITEM 1** – Applicant must check (✓) the appropriate block to indicate the type of application the organization is submitting.
- ITEM 2** – Check type of application
- Games of Chance License-A games of chance license authorizes the licensee to conduct games of chance during the eligible organization's licensing term. A licensee is eligible to apply for special raffle permits.
 - Limited Occasion License-A limited occasion license authorizes the licensee to conduct games of chance on a limited basis (on no more than 3 occasions over a period of no more than 7 days during the license term). An organization that has a normal place of business (own or lease) is not eligible for a limited occasion license.
 - Enclose the application fee (check, cashier's check or money order) payable to the county licensing authority (see page 1).
- ITEMS 3** – The municipality where the organization's licensed premise is physically located.
- ITEMS 4/8** – Enter specific information regarding the organization. Enter in Item 5 the type of organization applying for license; e.g. charitable, religious, civic and service association, sportsman or wildlife association, volunteer fire company, volunteer rescue squad, volunteer ambulance association, bona fide senior citizens organization, club under Liquor Code 102, school booster organization, fraternal and veteran's organization.
- ITEM 9** – Generally, if an eligible organization owns or leases a premises as its normal business or operating site, that premises shall be the licensed premise for purposes of operating games of chance. If an eligible organization does not own or lease a premises upon which normal business or operations is conducted, it may by agreement, use the licensed premises of another licensed eligible organization or make other arrangements for a licensed premises (leases for a licensed premises must be in writing).
- 9.a.** – The organization must provide the address of the physical location where normal business operation is conducted. Typically this will be the organization's mailing address and licensed premises and may be indicated as such by marking the boxes in 9b and 9c.
 - **If no normal place of business put NONE.**
 - 9.b.** – If the organization has a different mailing address than the address provided in 9a (such as a Post Office Box), the organization must provide the mailing address in this item.
 - 9.c.** – If an organization does not own or lease a normal business or operating site or if it has a normal business operating site with multiple structures or if it has multiple business or operating sites then it must indicate in this item the location it will use as its premises for conducting games of chance.
 - **Information on this line is required for complete application.**
- ITEM 10** – Indicate the eligible organization's hours of operation, dates or days of week and times games are to be played.
- Operating day-The period of time during any 24 hour period which an eligible organization conducts its normal activities or holds itself open to its members.
 - Nonoperating day-A period of time equivalent to an eligible organization's operating day except that the eligible organization is closed to normal activities or to its members during that period of time.
 - Operating week-Seven consecutive operating days or nonoperating days.
- ITEM 11** – The executive officer or secretary of an organization must certify statements **a** through **f** by completing the personal data required in item 11 and by signing the application.
- ITEM 12** – Application must be notarized.

Complete the schedule sheet and enclose other documents listed at the bottom of page two of the application.

Forward the application, payment and other related documents to the licensing authority to obtain your license to conduct and operate games of chance.