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NYS RACING & WAGERING BOARD
1 Watervliet Ave. Ext., Suite 2
Albany, NY 12206-1668
Telephone (518) 453-8460 Fax (518) 453-8492
www.racing.state.ny.us

APPLICATION FOR REGISTRATION AND IDENTIFICATION NUMBER

Check the type of program(s) you are applying for: ☐ Bell Jars ☐ Casino Night ☐ Raffles ☐ Bingo

Check appropriate box: ☐ New ☐ Update ☐ Assisting Only

Date of Application: ☐☐ / ☐☐ / ☐☐

1. Name of applicant organization

2. Physical street address of organization **(cannot be a PO Box):**

Street Address _____ City _____ Zip _____

3. Mailing Address if different than above (may be a PO Box):

Street Address/PO Box _____ City _____ State _____ Zip _____

4. Municipality where the organization is physically located or where the organization meets:

CITY / TOWN / VILLAGE **of** _____

(PLEASE CIRCLE ONE) **Name of Municipality**

County in which the organization is located: _____

5. Date the applicant organization was formally organized: ☐☐ / ☐☐ / ☐☐

Note: an organization must be in existence for a minimum of three years prior to applying for games of chance and one year for bingo

6. Has a games of chance identification number ever been issued to the applicant organization? ☐ Yes ☐ No

If yes, list the ID#: ☐☐ - ☐☐☐ - ☐☐☐ - ☐☐☐☐☐

7. Has a bingo identification number ever been issued to the applicant organization? ☐ Yes ☐ No

If yes, list the ID#: ☐☐ - ☐☐☐ - ☐☐☐ - ☐☐☐☐☐

8. State the type of the organization (religious, educational, veterans, etc.): _____

9. Has the applicant ever been known by another name? ☐ Yes ☐ No If yes, state name and address:

Name _____ Street Address _____ City _____ State _____ Zip _____

10. Is the organization incorporated? ☐ Yes ☐ No

11. Does the applicant have a governing body (i.e. Board of Directors)? ☐ Yes ☐ No

If yes, how many members are there in that governing body? _____

12. State current number of bona-fide members of the applicant excluding the governing body: _____

NOTE: A person must be a bona-fide member of the organization for a minimum of one year in order to be involved in the conduct of licensed games of chance.

13. Please give time and address of regular membership meetings:

Time _____ Address _____

14. Does the applicant organization own or lease its premise? (circle one) **OWN / LEASE**

15. Will the applicant organization conduct games of chance ☐ Yes ☐ No and/or bingo ☐ Yes ☐ No on its own premises? ☐ Yes ☐ No If not, list the name and address of the premises to be used:

Name	Street Address	City	State	Zip

NOTE: An organization is limited to the location where games of chance/bingo can be conducted. Please review the games of chance/bingo rules and regulations regarding authorized locations available on our website at www.racing.state.ny.us

16. Please list the name of the licensed games of chance/bingo supplier where the organization intends to purchase/lease its equipment from: _____

_____

NOTE: This does not include raffle tickets.

ATTACH ONE COPY OF EACH OF THE FOLLOWING:

1 - If incorporated: provide a copy of the articles of incorporation and by-laws;
If not incorporated: provide a copy of the constitution and by-laws;
2 - If the organization has a charter, please include a copy;
3 - Please provide a list of the names and addresses of the members of the governing body including titles.

I swear (or affirm) that the information and statements contained herein have been examined by me and to the best of my knowledge and belief are true, correct and complete.

_____
Head of the Organization Signature

_____
Head of the Organization Home Mailing Address

_____
Head of the Organization Print

_____
Head of the Organization Home Phone Number

STATE OF NEW YORK
COUNTY OF _____
CITY/TOWN/VILLAGE OF _____
} SS

_____ being duly sworn deposes and says that (s)he is the person above named, that (s)he has read the foregoing statement and the answer therein noted, and that such answers are true and that (s)he has personally affixed his (her) signature to this affidavit.

Sworn to before me this _____ day of _____, 20 _____ Signed _____

_____
Notary Public

_____
Commissioner of Deeds

My Commission expires _____, 20 _____