

Licensing Authority – Enter County Name or Governing Authority Name, Address and Telephone Number

APPLICATION FOR LICENSING OF LOCAL ELIGIBLE ORGANIZATIONS TO CONDUCT AND OPERATE SMALL GAMES OF CHANCE

FOR LICENSING AUTHORITY USE ONLY

EDWARD W. KARPOVICH LACKAWANNA COUNTY TREASURER COUNTY ADMINISTRATION BUILDING SCRANTON, PA 18503

Please Print or Type

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.

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

Table with 3 columns: TYPE OF APPLICATION, FEE, EXPLANATION. Rows include Initial Application/Annual Renewal (\$100), Limited Occasion (\$10), and Replacement License.

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 Address of Organization (Post Office Box is not acceptable.)

Form fields for address: Street, City, State, Zip Code, Telephone Number, Mailing Address (PO Box if applicable), County.

10 Location where games are played, if different than number 9. (Post Office Box is not acceptable)

Form fields for location: Street, City, State, Zip Code, Telephone Number, County.

11 Organization Premises

- Owned by Organization, Leased by Organization, Other (Please explain use separate 8 1/2" X 11" sheet of paper)

12 Dates and/or days of week and times that games are available to be played.

13 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 Small 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 ()

14 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.

SCHEDULE SHEET

FOR APPLICATION FOR LICENSING OF LOCAL ELIGIBLE ORGANIZATIONS TO CONDUCT AND OPERATE SMALL GAMES OF CHANCE

Please Print or Type All Information

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

Daily/Weekly Membership 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 Small Games of Chance; including employees, bar personnel and others who will obtain and coordinate use of Small 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: Raffles only check

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

**INSTRUCTIONS FOR COMPLETING APPLICATION
FOR LICENSING OF LOCAL ELIGIBLE ORGANIZATIONS TO
CONDUCT AND OPERATE SMALL GAMES OF CHANCE**

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 their 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 small games of chance and this application should be referred to the Licensing Authority annotated on page one at the top of the application. If that information is missing, refer to the Government Section of your local telephone book to determine the name and address of your government Licensing Authority.

APPLICATION INSTRUCTIONS

- ITEM 1** – Applicant shall check (✓) appropriate block to indicate the type of application that the organization is submitting.

- ITEM 2** – Enclose check, cashier's check or money order payable to the Licensing Authority for the applicable fee.

- ITEMS 3/12** – Enter specific information regarding the organization. Enter in Item 5 the type of organization applying for license; e.g. Charitable, Civic and Service Associations, Sportsman's and Wildlife Associations, Volunteer Fire Company, Volunteer Rescue Squads, Volunteer Ambulance Associations, Bona Fide Senior Citizens Organizations, Clubs under Liquor Code 102, School Booster Organizations, Fraternal and Veteran's Organizations.

- ITEM 13** – The executive officer or secretary of organization must certify statements **a** through **f** by completing the personal data at the end of block 13 and by signing the application.

- ITEM 14** – Application must be notarized.

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

Forward application, payment and other related documents to the Licensing Authority to obtain your license to conduct and operate small games of chance.