

ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION
Bingo and Raffle Registration Licensed Authorized Organization Supplemental Form

SECTION A: OWNERSHIP INFORMATION

1) Legal Name (Enter full legal name of organization): _____

2) Federal Identification Number (FEIN): _____ - _____

SECTION B: EVENT LOCATION INFORMATION

3) Location of event(s): _____
Address City State Zip

Check the appropriate box:

- Premises are owned by the organization
Premises are leased/rented by the organization - (Attach copy of lease agreement)
Other (explain): _____

SECTION C: LICENSE TYPE

Table with 3 columns: Type of License (check the appropriate box), Original, and Renewal*. Rows include Annual fiscal license, Temporary license for bingo, Class I temporary license for raffle, and Class II temporary license for raffle.

*If renewal application, supply existing 8 digit Account ID _____ -BRR

SECTION D: NON-PROFIT CERTIFICATION AND EVENT INFORMATION

5) Is the organization incorporated under 26 U.S.C. Section 501?

- Yes - Attach a copy of acceptance and approval letter from the US Internal Revenue Service reflecting 5 years of non-profit status. Additional information will be required if less than 5 years.
No - Attach documents supporting requirement that applying non-profit organization has been in existence a minimum of 5 years.

6) Indicate the type of organization and date organized:

- Religious, Educational, Fraternal, Non-profit Tax-exempt instrumentality of the United States Government, Service, Medical, Civic, Veterans, Volunteer Fire/Rescue, Volunteer Police

7) List the charitable purpose(s) of net proceeds from Bingo/Raffle events: _____

8) Annual license - Enter event times the organization will operate bingo. Note: Organizations are limited to 2 bingo events per week which last no more than 5 hours each.

Sunday _____ to _____ Tuesday _____ to _____ Thursday _____ to _____ Saturday _____ to _____
Monday _____ to _____ Wednesday _____ to _____ Friday _____ to _____

9) Temporary license - Enter date which the temporary Bingo/Raffle session will be held: _____

SECTION E: RESPONSIBLE PARTY CERTIFICATION

10) I certify that as the responsible party for the above mentioned organization, that I have not been found guilty or plead guilty to a felony in the State of Arkansas, or any similar offense by a court in another state or of any similar offense by a military or federal court.

(Print Name)

(Signature of Responsible Party)

Date