

**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

4) Type of License: (check the appropriate box)	<u>Original</u>	<u>Renewal*</u>
A) \$100.00 Annual fiscal license to operate games of bingo and raffle	<input type="checkbox"/>	<input type="checkbox"/>
B) \$25.00 Temporary license to conduct one bingo session	<input type="checkbox"/>	<input type="checkbox"/>
C) \$25.00 Class I temporary license to conduct one raffle	<input type="checkbox"/>	<input type="checkbox"/>
D) \$10.00 Class II temporary license to conduct one raffle (Prize donated and has a value less than \$5,000.00)	<input type="checkbox"/>	<input type="checkbox"/>

*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:

- | | | |
|--|--|--|
| <input type="checkbox"/> Religious _____ | <input type="checkbox"/> Service _____ | <input type="checkbox"/> Veterans _____ |
| <input type="checkbox"/> Educational _____ | <input type="checkbox"/> Medical _____ | <input type="checkbox"/> Volunteer Fire/Rescue _____ |
| <input type="checkbox"/> Fraternal _____ | <input type="checkbox"/> Civic _____ | <input type="checkbox"/> Volunteer Police _____ |
| <input type="checkbox"/> Non-profit Tax-exempt instrumentality of the United States Government _____ | | |

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