

RHODE ISLAND STATE POLICE

Charitable Gaming Unit nielson Pike, No. Scituate, RI 02857-196

311 Danielson Pike, No. Scituate, RI 02857-1907 Telephone: (401) 444-1147; Fax 444-1038 www.risp.ri.gov/charitablegaming

APPLICATION FOR CHARITABLE ORGANIZATIONS REQUESTING GAMES OF CHANCE \$5.00 APPLICATION FEE REQUIRED (Make check or money order payable to RI State Police)

SUBMIT COMPLETED APPLICATION TO LOCAL POLICE DEPARTMENT WHERE FINAL DRAWING IS TO BE HELD, (with the exception of PROVIDENCE - PROVIDENCE EVENTS ARE TO BE SUBMITTED TO PROVIDENCE CITY HALL LICENSING DEPARTMENT. NAME/ADDRESS OF APPLYING ORGANIZATION DATE OF APPLICATION ORGANIZATION PHONE NUMBER FULL NAME, ADDRESS, ZIP CODE, BIRTH DATE, AND HOME TELEPHONE NUMBER OF PERSON APPLYING CHECK TYPE OF LICENSE BEING REQUESTED RAFFLE: Amt of tickets to be sold ______ Price per Ticket_____ Prizes to be Awarded WEEK CLUB: # of Weeks_____ Amt of tickets to be sold _____ Price per ticket____ Prizes & Projected breakdown of expenses TYPE OF ORG. APPLYING: Religious Civic Fraternal Educational Veterans DOES ORGANIZATION HAVE STATE CHARTER AS A NON-PROFIT ORGANIZATION? ADDRESS WHERE DRAWING WILL BE HELD (Include street number, as well as name & city) DATE(S) OF FUNCTION: _____ Date Tickets will go on Sale TIME OF DAY OF FUNCTION: From______ To_____ LIST DISTRIBUTION OF PROCEEDS FROM EVENT (Please be specific - must be for charity)

| LIST OF MEMBERS WHO WILL BE OPERATING, MANAGING, SUPERVISING, AND/OR RUNNING THE GAME OF CHANCE: | | |
|--|--|---|
| NAM | IE ADDRESS | DATE OF BIRTH |
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| APP REA | LYING ORGANIZA LIZE THAT ANY | I AM REPRESENTING AND I, HEREAFTER REFERRED TO AS THE ATION, AGREE TO ABIDE BY THE REGULATIONS SET FORTH BELOW AND DEVIATION FROM THESE REGULATIONS COULD RESULT IN VIOLATION OSECUTION BY THE STATE OF RHODE ISLAND. |
| 1. | | nce will be managed, supervised, operated and controlled by permanent applying organization. |
| 2. | organization wil | outside promoters or persons not permanent members of the applying l not be employed or used in any way in the managing, operating, ontrolling of games of chance. |
| 3. | members of the | ganization will not allow outside promoters or persons not permanent applying organization to become members of the applying organization of managing, supervising, operating or controlling games of chance. |
| 4. | | anization will not seek the advice of outside promoters in the managing, rating or controlling of games of chance. |
| 5. | | ganization will not knowingly allow outside promoters on the premises zation is preparing for, conducting or concluding this function involving . |
| 6. | who will be cont been individually | ned persons who are bona fide members of the applying organization and rolling, operating, supervising and managing said games of chance have and personally informed about all rules and regulations governing said and have agreed to comply strictly with said rules. |
| 7. | complete financ profit, copies of sent, and mail | erstood that within sixty (60) days after completion of this function a ial report, including itemization of gross receipts, total expenses, net canceled checks showing to which charity or charities the proceeds were same to the Rhode Island State Police, Charitable Gaming Unit, 311 North Scituate, RI 02857. |
| 8. | Application must to the date of the | t be submitted to the <u>local police department</u> at least sixty (60) days prior ϵ function. |
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| FUL | L SIGNATURE OF | APPLICANT |
| | I DO DO COMMEND THE AE | NOT BOVE NAMED AS A SUITABLE PERSON TO RECEIVE THIS LICENSE. |
| Chie | ef of Police | |

City/Town