



GAMES OF CHANCE APPLICATION CHARITABLE ORGANIZATION

Official Use Only
Rcpt #:
Lic. #:
Lic. Date:

1. CHARITABLE ORGANIZATION CONTACT INFORMATION

Name of Charitable Organization:

Address for Official Correspondences:

Street/PO Box City/Town State Zip

Phone Number(s):

Fax Number:

2. CONTACT INFORMATION OF THE AUTHORIZED OFFICIAL COMPLETING THIS FORM

Must be an officer, director, or duly authorized official of the entity

Name:

Title w/in Organization:

Phone Number(s):

E-mail Address:

3. CONTACT INFORMATION OR ORGANIZATION LEADERS

Name of Chairperson/President/Director:

Address for Official Correspondences:

Street/PO Box City/Town State Zip

Phone Number(s):

E-mail Address:

Name of Treasurer/Financial Officer:

Address for Official Correspondences:

Street/PO Box City/Town State Zip

Phone Number(s):

E-mail Address:

4. QUALIFICATIONS FOR A GOC LICENSE

Answer the following question to confirm your organization's eligibility to be licensed:

- 1. Is the organization a bona fide religious, charitable, civic, veterans', fraternal, church, police or firemen's organization?
2. Was the organization, or any auxiliary unit, committees, or other entities within the organization, created for the purposes other than conducting games of chance?
3. Is the organization exempt from federal income tax?
4. Has the organization registered with the Secretary of State for at least 2 years?
5. If applicable, is the organization registered with Charitable Trusts under RSA 7:19 - 32-b?

An organization is not eligible for a license if the answer to any of the above questions is "No".

**GAMES OF CHANCE APPLICATION FOR A CHARITABLE ORGANIZATION**

Application for: \_\_\_\_\_  
(Name of Charitable Organization)

**5. FINANCIAL INSTITUTION WHERE GOC FUNDS WILL BE HELD**

\_\_\_\_\_  
Name of the NH Financial Institution\* Where Funds Will be Deposited/Withdrawn      Account number

*\*The financial institution must have at least one branch in New Hampshire*

**6. GAME OPERATIONS**

The organization will:     hire game operator employer to operate the games       operate the games itself

The organization will hold the games:  at a licensed facility.       at a facility owned by a charity or government subdivision, provided free of charge.

List all members of the charitable organization that will be handling money generated by the event.

- *When a game operator is hired to operate the event, this typically includes the name of the charitable organization’s treasurer, chairperson or designee who receives the revenue payment from the operator.*
- *When the charitable organization operates the event, this includes the names of every member of the charitable organization that will be involved in operation of the event. If more space is needed, provide the names on a separate sheet of paper.*

If the organization will be operating its own games, list the game equipment dealer(s) from whom the organization will buy or rent any games of chance equipment. If more space is needed, provide the names on a separate sheet of paper.

**7. ATTESTATION**

I certify, under penalty of unsworn falsification pursuant to RSA 641:3, that the information provided on this application and on any supporting documentation is true, accurate and complete, and that there are no willful misrepresentations in or falsifications of the information provided herein.

I further certify that neither I or any bon fide members of the organization who will be participating in the operation of games of chance, have been convicted of a felony within the previous 10 years or a misdemeanor involving falsehood or dishonesty within the previous 5 years, in any jurisdiction, which has not been annulled by a court, nor violated any statutes or rules governing charitable gambling;

\_\_\_\_\_  
Signature of Authorized Official\*

\_\_\_\_\_  
Date

*\*The individual signing the application must be the same person identified in Section 2 above. Proof of authority may be required.*

## INSTRUCTIONS FOR COMPLETING A GOC APPLICATION FOR A CHARITABLE ORGANIZATION

### A. Include Supporting Documentation

Submit the following supporting documentation with the application (refer to Section G below for a detailed description of these requirements):

1. One of the following documents confirming the organization's federal tax-exempt status, and the 26 USC §501(c) category the organization falls under:
  - a. An affirmation letter or letter of determination from the Internal Revenue Service (IRS) that indicates the organization's tax exempt status under 26 USC §501(c)(3), (4), (7), (8), (10), or (19); or
  - b. If the charitable organization is exempt by virtue of a group ruling:
    - (i) A copy of the group exemption letter issued to the central organization recognizing on a group basis the exemption under section 26 USC §501(c)(3), (4), (7), (8), (10), or (19), of subordinate organizations on whose behalf the control organization has applied for recognition of exemption; and
    - (ii) A letter from the central organization with which the charitable organization is affiliated confirming that the charitable organization is covered under the central organization's group tax exemption.
2. If the organization is required by RSA 7:19 - 32-b to register with the NH Department of Justice's Charitable Trust Unit, a copy of the organization's certificate of registration or similar documentation that confirms registration and includes the organization's registration number. For more information, contact the Charitable Trust Unit, or go to <http://doj.nh.gov/charitable-trusts/>.
3. Documentation of registration with the New Hampshire Secretary of State, that includes the registration number, and indicates that the organization has been registered to do business in New Hampshire for at least 2 years. For more information contact the New Hampshire Secretary of State's Corporate Division, or go to [http://sos.nh.gov/Corp\\_Div.aspx](http://sos.nh.gov/Corp_Div.aspx)
4. A letter on the organization's letterhead and signed by an authorized officer of the organization that describes the charitable purposes for which the organization is organized, and the extent these charitable purposes have been furthered by the organization within the community.
5. A current list of officers within the organization and all bona fide members having involvement, to any degree, with the games of chance event. The list shall include the individual's full name, legal address and contact information, title within the organization, and an indication of the extent to which they will be involved with the event (such as, the member is authorized to sign the affidavit, has control over the account where event revenue is deposited, or will participate in the operation of the event as a floor manager or dealer).
6. When applicable, copies of any facility rental or lease agreements that have not already been reviewed and approved by the NH Lottery;
7. When applicable, copies of any agreements between licensees that have not already been reviewed and approved by the Commission;
8. When the charitable organization will be operating its own Games of Chance event:
  - a. A description of the gaming area, which shall comply with the requirements of Lot 7206.05;
  - b. Copies of any house rules that comply with the requirements of Lot 7206.06;
  - c. A copy of the proposed game schedule that comply with the requirements of Lot 7206.02; and
  - d. A photo of each individual who will be participating in the operation of the event that complies with the requirements of Lot 7203.01(c)(9)d. The photo will be used to create a badge.

## GAMES OF CHANCE APPLICATION FOR A CHARITABLE ORGANIZATION

### A. Include Supporting Documentation - Continued

9. When a member(s) of the organization other than or in addition to the treasurer will be handling monetary transactions, a letter signed by the treasurer of the charitable organization granting authorization to the member(s); and
10. Release of Criminal Records as described Section B below.

**When renewing a license, only submit those documents that have changed since the license was last renewed**

### B. Release Criminal History Records

Submit a criminal record release for the individuals listed in Section 7 of the application. These individuals are those members of the organization who:

1. Engage in monetary transactions (supervise, manage or verify the amount of money received from the games or deposits/withdraws funds from the games of chance bank account), or are otherwise responsible for overseeing the games of chance. Typically, this includes the treasurer and/or the head of the organization; and
2. Participate in the operation of the games of chance, such as when the organization chooses to conduct its own games in lieu of hiring licensed game operators.

The criminal record release must include:

1. A completed and notarized *Criminal Records Release Authorization Form* authorizing the release of the applicant's criminal history record to the NH Lottery Commission. This form may be obtained from the NH Lottery Commission or at [www.racing.nh.gov](http://www.racing.nh.gov).
  2. A complete set of fingerprints taken by a qualified law enforcement agency, as follows:
    - If fingerprints are digitally captured (preferred method), submit a copy of the *Livescan Site Form*; or
    - If fingerprints are captured via ink impressions, submit the FBI FD-258 fingerprint card issued by the NH State Police.
  3. Payment in the form of a check or money order, payable to the "State of NH – Criminal Records". For current charges, contact the NH State Police Criminal Records Unit at 603-223-3867, or visit their website at <https://www.nh.gov/safety/divisions/nhsp/ssb/crimrecords/>.
- ✓ Your fingerprints will be used to check the criminal history records of the FBI. If you believe your criminal record is incorrect, and would like to request a correction, please contact the law enforcement agency that contributed the questionable information, or the FBI's Criminal Justice Information Services Division. The procedure for making such a request can be found in Title 28 CFR§16.34 of the Code of Federal Regulations.
- ✓ If a criminal history record check is on file with NH Lottery that was completed within the previous 6 months, an updated record check is not required.

### C. Include Payment of the Application Fee

Include a payment of \$25 per game date, payable to the *NH Lottery Commission*

**NOTE:** When a charity chooses to operate the event themselves an additional \$10 badge fee is required for each member who will be participating in the operation of the event.

## GAMES OF CHANCE APPLICATION FOR A CHARITABLE ORGANIZATION

### D. Submit the Application

Submit the completed application, all required documentation and the licensing fee to:

New Hampshire Lottery Commission, 14 Integra Drive, Concord, NH 03301

Applications must be received at least 60 days prior to the first game date, or expiration of the current license.

### E. Notify Local Law Enforcement

RSA 287-D:5, III requires that, upon submitting an application, the organization must provide a written notice to the chief of police of the city or town where games of chance will be held.

### F. Call If There Are Any Questions

Questions? Contact the New Hampshire Lottery Commission at 603-271-3391. Ask for Game of Chance licensing, or e-mail the licensing unit at [licensing@lottery.nh.gov](mailto:licensing@lottery.nh.gov).

### G. Keep All Information Up-To-Date

If any of the information provided on or with the application changes or is found to be inaccurate, the organization must submit updated or corrected information to the NH Lottery Commission within 15 days of the event that resulted in the change, or discovery of the inaccuracy.