



**Official Use Only**

Rcpt#: \_\_\_\_\_

Lic. #: \_\_\_\_\_

Lic. Date: \_\_\_\_\_

**GAMES OF CHANCE APPLICATION  
PRIMARY GAME OPERATOR**

**1. APPLICANT CONTACT INFORMATION**

Legal Name:

Mailing address:

\_\_\_\_\_

Street/PO Box

\_\_\_\_\_

City/Town

\_\_\_\_\_

State

\_\_\_\_\_

Zip

Phone number(s):

E-mail:

Date of birth (dd/mm/yyyy):

**2. GAME ROOM WHERE APPLICANT WILL BE WORKING**

Name of Game Room:

Phone Number:

Game Room Address:

\_\_\_\_\_

Street/PO Box

\_\_\_\_\_

City/Town

\_\_\_\_\_

State

\_\_\_\_\_

Zip

*When working at multiple game rooms, a separate application and license fee is required for each location*

**3. GAMING HISTORY**

Provide the following information with regard to registrations or licenses held by the applicant as a professional game operator, or other similar positions, in any other state or jurisdiction.

State/ Jurisdiction	License Description <i>(fundraiser, game operator, etc.)</i>	Date(s) License Held	Has the license been, or is there pending action to deny, suspend, revoke, or enjoin this license?*
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

If "yes", explain the reason(s) for the denial, suspension, revocation, or enjoinder.

**PRIMARY GAME OPERATOR LICENSE APPLICATION**

Application for: \_\_\_\_\_  
(Name of Applicant)

**4. GAMING ASSOCIATES**

List the names and contact information of any individuals, other than the Game Operator Employer under whom this license will be issued, with whom the applicant is affiliated in the fundraising or game operating business, and briefly describe that affiliation. If more space is needed, please use a separate sheet of paper.

Name	Address	How the applicant is affiliated with this individual

**5. 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 I have not been convicted, in any jurisdiction, of a felony within the previous 10 years or a misdemeanor involving falsehood or dishonesty within the previous 5 years, which has not been annulled by a court, nor have I violated any statutes or rules governing charitable gambling.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# INSTRUCTIONS FOR SUBMITTING A PRIMARY GAME OPERATOR APPLICATION

## A. Determine If A License Is Required

A Primary Game Operator license is required if the individual:

1. Will be involved in conducting, managing, supervising, directing or running the games of chance in NH; and
2. Is not a bona fide member of the charitable organization hosting the charitable games

## B. Release Criminal History Records

Submit the following with the application:

1. A completed and notarized *Criminal Records Release Authorization Form* authorizing the release of the applicant's criminal history record to NH Lottery. This form can be obtained from NH Lottery, 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 the *Livescan Site Form*; or
    - If fingerprints are captured via ink impressions, submit the FBI FD-258 fingerprint card;
  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 conduct a national FBI criminal history background check. 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 Photographs

Include with the application a photograph that meet the requirements found in Pari 1203.04(c)(2), which mirror the requirements for a passport photo as found at:

<http://travel.state.gov/content/passports/english/passports/photos/photos.html>

## D. Include Payment of the Application Fee

Include a payment of \$510, payable to the "NH Lottery Commission". This payment represents a \$500 application fee and a \$10 badge fee.

## E. Submit the Application to NH Lottery

Submit the completed application, photo, criminal release, and payment to:

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

Applications must be received at least 60 days prior to serving as a Primary, or the expiration of the current license.

## INSTRUCTIONS FOR SUBMITTING A PRIMARY GAME OPERATOR APPLICATION

### F. Call If There Are Any Questions

Questions? Contact the NH Lottery Commission at 603-271-3391. Ask for Games 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 within 15 days of the event that resulted in the change, or discovery of the inaccuracy.