



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Name of the NH Financial Institution* Where Funds Will be Deposited/Withdrawn Account number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 organizations 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 organizations 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
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 were event revenue is deposited, or will participate in the operation 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 Lot7203.01(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.
 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

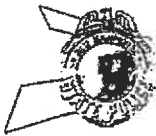
RSA 287-D:5, III requires that, upon submitting an application, the organization must provide a written notice to the chief of police of the city or town where games of chance will be held.

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.

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.



State of New Hampshire

New Fees as
of 1/1/19
\$48.25

Department of Safety
DIVISION OF STATE POLICE

Criminal Records I
33 Hazen Drive, Conc

NEW HAMPSHIRE RACING AND CHARITABLE GAMING DIVISION OF THE NH LOTTERY COMMISSION
RECORD INFORMATION AUTHORIZATION FORM

Games of Chance Licensees NH RSA 287-D:12

INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

SECTION I

(PLEASE PRINT CLEARLY)

Last Name _____ First Name _____ Maiden _____ MI _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Hair Color _____ Eye Color _____ Male Female

Driver's License Number _____ State _____

My signature below signifies I am the individual listed above and the information provided is true.

Signature _____ Date _____

Signed under penalty of unsworn falsification pursuant to RSA 641:13

SECTION II

I hereby authorize the release of my criminal record conviction(s), if any, to the following: NH Lottery-Racing & Charitable Gaming Div.

Address 14 Integra Drive City Concord State NH Zip 03301

Your Signature _____ Date _____

Notary's Signature _____

(Affix Seal)

Signature of person/entity to receive record _____ Date _____

RECORD CHALLENGE

Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

FEES

LIVESCAN - \$47.00

INKED - \$47.00

NOTE: Make checks payable to: State of NH - Criminal Records

Games of Chance

Officers and Members Listing

CHARITABLE ORGANIZATION CONTACT INFORMATION				
Name of Charitable Organization: _____				
Address for Official Correspondence: _____				
	Street/PO Box	City/Town	State	Zip
Primary Phone Number: _____	Alternate Phone Number: _____			

Please provide the following information for ALL officers, AND any members and employees who participate in the operation of Games of Chance.

POSITION TITLE <i>(Commander, Member, Treasurer, etc.)</i>	FULL NAME	PHONE #	LEGAL ADDRESS	Able to sign MEMBER AFFIDAVIT?	* Able to handle MONETARY TRANSACTIONS?

* Any members noted on this form as “handling monetary transactions” MUST submit criminal background documents.