

## APPLYING FOR A CHARITABLE GAMING LICENSE FOR THE FIRST TIME

- **Fee:** The annual application fee for an organization applying for a Charitable Gaming License for the first time is \$100.00. A check must accompany your application packet. Please make a check payable to the Idaho State Lottery. This fee is non-refundable.
- Print and complete all of the forms listed below (click on the form name to open the document)
  1. **Charitable Gaming Initial Qualification Application.**
  2. **Idaho State Police Background Check.** You will need three (3) copies as this form must be completed by the President, Treasurer (CFO) and the individual directly responsible for overseeing the fundraising event(s).
  3. **Charity and/or Nonprofit to Receive Funds.** We need to know how the money raised from bingo and/or raffles will be used. If your organization donates money to individuals, list the names of the individual(s); if your organization donates money to other organizations, list those organizations; if the money will stay with your organization, list your organization.
- In addition to the three forms listed above, organizations applying for a license for the first time must submit all the documents listed in 7a. (tax exempt organizations) or 7b. (nonprofit organizations) of the application. Failure to include these documents will result in an incomplete application and will delay processing.

## RENEWING YOUR CHARITABLE GAMING LICENSE

- **Fee:** The annual application fee is based on your organization's gross revenues from bingo and/or raffle operations during the previous year as follows:

Gross Revenue Amount	Fee Amount
Less than \$25,000	\$100
\$25,000 to \$75,000	\$200
Over \$75,000	\$300

- Print and complete all of the forms listed below (click on the form name to open the document)
  1. **Charitable Gaming Renewal Application.**
  2. **Idaho State Police Background Check.** You will need three (3) copies as this form must be completed by the President, Treasurer (CFO) and individual directly responsible for overseeing the fundraising event(s).
  3. **Charity and/or Nonprofit to Receive Funds.** We need to know how the money raised from bingo and/or raffles will be used. If your organization donates money to individuals list the names of the individuals(s); if your organization donates money to other organizations, list those organizations; if the money will stay with your organization, list your organization.

<b>For Lottery Use Only</b>
License Number:
Expiration Date:

**CHARITABLE GAMING INITIAL QUALIFICATION APPLICATION**  
Idaho State Lottery - Enforcement Division

*Instructions: Please allow two weeks for processing. If the application is incomplete, it will be returned.*

1. Name of organization (please type or print)				2. Daytime telephone number			
3. Federal identification number (FID)				4. Email address			
5. Address of principal office (number and street; required)				6. Mailing Address (if applicable)			
City	State	Zip	County	City	State	Zip	County
Contact name		Title		Contact's daytime telephone number			

**7. Applicant Organization Information and Verification of Existence (complete either 7a. or 7b.)**

**7a. Tax Exempt Organizations (have Tax-Exempt Status from Internal Revenue Service)**

Date organization formed (mm/dd/yyyy):

Attach a copy of the organization's bylaws, constitutions, or articles of incorporation.

Please attach copies of the following documents:

- Favorable tax exempt status letter from the Internal Revenue Service
- Minutes of Meeting held within the last 12 months
- Bylaws that are dated
- Descriptions and results of fundraising activities held within the previous twelve months
- Copies of bank statements (one month from current year and one month from prior year)

**7b. Non-Profit Organizations that are NOT tax exempt under section 501 of Internal Revenue Code**

Date organization formed (mm/dd/yyyy):

Attach a copy of the organization's bylaws, constitutions, or articles of incorporation.

If your organization is a non-profit corporation in the State of Idaho, please attach copies of the following documents:

- A copy of organization's Certificate of Existence issued by the Idaho Secretary of State
- Minutes of meeting held within the last 12 months
- Bylaws that are dated
- Copies of bank statements (one month from current year and one month from prior year)
- Membership List
- Descriptions and results of fundraising activities held within the previous twelve months
- Copy of most recent Federal Income Tax Return (Form 1120 or 1120s)
- In the space provide below, please provide a detailed description of the activities conducted by your organization which you believe would qualify you as a bona fide non-profit charitable organization.

---



---



---



---



---



---



---

**8. Officers/Directors - please complete ALL of the information requested below (attach additional sheets if necessary)**

Full Name & title held in organization	Home Address	Date of Birth	Soc. Security # & Drivers License #	Telephone Numbers
1			SSN: DL:	H W
2			SSN: DL:	H W
3			SSN: DL:	H W
4			SSN: DL:	H W
5			SSN: DL:	H W
6			SSN: DL:	H W

**9. Have any officers/directors listed in #8 above, or on any attachments, been convicted of a felony within the past ten (10) years in any jurisdiction?**  Yes  No

If Yes answered above, in the space below list individual's name and a detailed description of the offense(s), i.e. where, when, charge(s) (attach additional sheets if more space is needed): \_\_\_\_\_

**10. Type Of License for which organization is applying:**

- Bingo  Raffle  Bingo and Raffle  
 For Raffle only, complete #12 For Bingo only, complete #13 For Bingo & Raffle, complete #s 12 & 13

**11. List the physical location where your organization's charitable gaming financial records will be maintained.**

Address		
City	State	Zip

**12. RAFFLE**

**If the organization is applying for a license to conduct Raffles or Bingo & Raffles complete this section.**

*(If the organization is applying for a license to conduct **Bingo only**, skip to #13)*

A. List the person(s) from within your organization who will be responsible for managing raffle(s)

Full Legal Name	Home Address <i>(number and street, city, state, zip code)</i>	Title	Home Telephone Number

B. RAFFLE DETAILS

Date Ticket Sales Begin: \_\_\_\_\_ Date Ticket Sales End: \_\_\_\_\_  
 Date Drawing to be Held: \_\_\_\_\_  
 Address Drawing to be Held: \_\_\_\_\_  
 List Prizes to be Raffle: \_\_\_\_\_

*Attach separate sheet for raffle information if more space is needed.*

C. CERTIFICATION OF PRIZE OWNERSHIP

We certify that the organization named above as the applicant is the legal owner of all the prizes being offered in our raffle(s). *(Certification must be signed by an authorized officer of the organization)*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

### 13. BINGO

If the organization is applying for a license to conduct Bingo complete this section.

A. List the person(s) who will be responsible for managing your bingo operation

Full Legal Name	Home Address <i>(number and street, city, state, zip code)</i>	Title	Home Telephone Number

B. Bingo Sessions

Bingo will be held on the following days: *(Note: Idaho Code allows each licensed organization to conduct no more than three bingo sessions per week)*

<input type="checkbox"/> Monday	Hours	<input type="checkbox"/> Friday	Hours
<input type="checkbox"/> Tuesday		<input type="checkbox"/> Saturday	
<input type="checkbox"/> Wed.		<input type="checkbox"/> Sunday	
<input type="checkbox"/> Thurs.			

C. List the organization's separate and segregated charity bingo checking account information

Account	Name of Bank	Address <i>(number &amp; street)</i>	City	State	Zip	Account Number
Charitable						
Bingo						

Names of Authorized Signers:

1	2	3
---	---	---

D. List the manufacturer(s) and/or distributor(s) from whom you intend to purchase bingo supplies

Name	Address <i>(number &amp; street)</i>	City	State	Zip	Items



E. Does your organization own bingo equipment or devices  Yes  No

*If yes, list the distributor/manufacturer's name, date of purchase, purchase price and type of equipment or device purchased.*

Name of distributor/manufacturer	Date of purchase	Purchase Price	Type of Equipment

### 14. CERTIFICATION

We, the undersigned ranking officers of subject organization, do hereby state that all charitable or non-profit bingo and raffles operated by subject organization under this license will be conducted in compliance with Idaho Statute and Administrative Rules governing bingo and raffles. We also certify under penalty of perjury that there are no misrepresentations or falsifications in the information stated in this application. We understand that false or misleading statements will cause rejection of this application and/or revocation of future license(s). Under Idaho Code 67-7425, it is a felony to willfully omit disclosure or provide false information.

	_____	_____	_____	_____
	Signature of Presiding Officer		Date (month, day, year)	
	_____	_____	_____	_____
	Printed Name	Title	Daytime telephone number	
	_____	_____	_____	_____
	Signature of Secretary		Date (month, day, year)	
	_____		_____	_____
	Printed Name		Daytime telephone number	

**Notary**

Personally appeared the signers of the foregoing statement and made oath before me to the truth of matters contained therein.

Signed (Notary Public) \_\_\_\_\_ Date \_\_\_\_\_

Commission Expires \_\_\_\_\_





# IDAHO STATE POLICE BUREAU OF CRIMINAL IDENTIFICATION



## NAME BASED CRIMINAL BACKGROUND CHECK FORM of the Idaho Central Repository of Criminal History Records

*Each field marked with an asterisk (\*) must be completed. A separate form must be used for each request.  
Do not use staples on the forms. Make checks or money orders payable to the Idaho State Police. A personal check will only be accepted if issued by the requestor or requesting agency. A \$20.00 fee will be charged for any returned checks.  
Please print clearly in blue or black ink only. Illegible forms will be returned for clarification.*

<b>REQUEST</b>				
Please provide an Idaho Criminal History on the individual named below.				
Last Name	First Name	Middle Name		
Alias Names (Include Maiden/prior Married Names) <b>Please provide both first and last name.</b>				
*Date of Birth (mm/dd/yyyy)	Social Security Number (optional)		Sex	Race
Address	City	State	Zip	
<b>WAIVER</b>				
Idaho law does <b>not</b> require a waiver. However, without a signed waiver from the subject of the record, any arrest more than 12 months old, <b>without</b> a disposition, cannot be given to a non-criminal justice agency. Any waiver other than this waiver will not be accepted.				
I hereby give permission for the requester, named below, to receive any information maintained by the Idaho Bureau of Criminal Identification concerning myself.				
Signature			Date	
<i>This signature on the waiver must be within 180 days of the name check submission.</i>				

### TO BE COMPLETED BY COMPANY OR PERSON REQUESTING BACKGROUND INFORMATION

Requesting Person or Company  <b>IDAHO LOTTERY PLEASE BILL BCI0059</b>	Address of Requester (Results will be mailed to this address) Street <u>1199 Shoreline Lane, Suite 100</u> City, State & Zip Code <u>BOISE, ID 83702</u>		
Printed Name of Requester (Print Legibly)  <u>Amber French</u>	Signature of Requester  <u>Amber French</u>	Phone Number of Requester  <u>208-334-2600</u>	

#### General Information:

Idaho law does not require a person to give consent. However, without a signed release from the subject of record, any arrest more than 12 months old, without a disposition, cannot be given to a non-criminal justice agency. **Results of a Name Based Criminal Background check cannot be notarized.**

Criminal history record information furnished as a result of a non-fingerprint based computerized search is based solely on a search of identifiers provided in the request. Be aware it is not uncommon for criminal offenders to use alias names and false dates of birth, which would adversely affect the completeness and accuracy of a non-fingerprint based search of the Idaho Central Repository of Criminal History Records. No other state or federal agency records can be searched under current law. The bureau does not telephone or fax responses. Please allow ample time for processing this request. Requests are processed on a first come basis.

The records maintained by the Idaho Bureau of Criminal Identification (BCI) are based upon the felony and serious misdemeanor arrests reported to BCI from other Idaho criminal justice agencies. If a person disputes the accuracy of information obtained, that person may challenge the information by writing to the address on this form.

Idaho code 67-3008 (6) states, "A person or private agency or public agency, other than the department, shall not disseminate criminal history record information obtained from the department to a person or agency that is not a criminal justice agency or court without a signed release of the subject of record unless otherwise provided by law."