

OKLAHOMA ALCOHOLIC BEVERAGE LAWS ENFORCEMENT COMMISSION

Charity Games Application: Organization
Licensing Fee -- \$100

The following documents are required for an organization license. All documents must be legible and complete.

_____ Completed Application

_____ Licensing Fee (\$100). May be paid in cashier's check, money order, Visa, Mastercard, American Express and Discover.

1. Organization Documents:

_____ A. Certificate of Incorporation and originating documents, i.e., charter constitution.

_____ B. Corporate By-Laws and Articles of Incorporation (if applicable)

_____ C. Minutes designating current officers and directors

_____ D. Minutes authorizing application for Charity Games license

2. Tax Information:

_____ A. Letter from IRS granting tax exempt status under 501 © and letter assigning the Federal Employer Identification number

_____ B. Oklahoma Tax Commission tax clearance letter. Complete form provided and mail directly to the Oklahoma Tax Commission. Do not mail to the ABLE Commission.

Other information may be required during the investigation.

Mail original application and supporting documents with 1 copy to the address below:

Oklahoma ABLE Commission
Licensing Division

**3812 N SANTA FE STE 200
OKC OK 73118-8500**

The filing of this application does not guarantee that the ABLE Commission will grant the license that you are applying for, nor does it permit you to operate the charity games applied for. If a license is granted by the ABLE Commission, you will receive a LICENSE CERTIFICATE. In accordance with Title 3A, Section 411(B)(1), the governing bodies in the city and county of the proposed premises will be notified.

OATH

STATE OF OKLAHOMA

COUNTY OF _____

_____, being first duly sworn upon oath deposes and says: That he is the applicant who made the attached application; that he has read and signed the same. Applicant(s) certifies, subject to the penalties provided by law, that all information given in regard to the application for license is true, complete, and correct to the best of his knowledge and belief. I acknowledge and agree that the ABLE Commission may make any contact necessary to verify the information or to seek further information and that the Director may refuse to issue said license or may cause such license to be revoked at any time.

Signature of a Primary Officer

Subscribed in my presence and sworn to before me this ____ day of _____, 19__.

Notary Public

My commission expires:

ORGANIZATION INFORMATION

1. Name of Applicant (Corporation or Organization)

Name		Mailing Address		
City	State/Zip	County	Business Phone Number	FEI Number

2. "Doing Business As" Name of Premises: _____

Premise Address: _____

Number/Street	City/State/Zip	County
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Premise Telephone Number: _____

3. Days and Times games are to be held: (Circle) M T W Th F Sat
 Day Sessions (10AM-5PM) _____ Night Sessions (5PM-12PM) _____

4. Has Applicant (organization) been licensed previously? Yes _____ No _____
 If Yes, Name: _____ License Number: _____

5. List Primary Officer of Organization:

Name	Residence Address	City/State/Zip
Res. Phone Number	Employer Name and Telephone Number	

6. Premise Manager: _____

Name	SSN	Res. Phone Number
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Is he compensated? Yes _____ No _____

Res. Address	City/State/Zip
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7. Contact Person, (One authorized to receive service of process or other information from the

Commission): _____

Name	SSN	Res. Phone Number
Res. Address	City/State/Zip	Employer Name

 Signature of a Primary Officer of Organization
 Oklahoma ABLE Commission Charity Games Organization Application

 Date

ORGANIZATION HISTORY

1. Describe the purpose of Charity, organization or association:

2. Where has the Charity been located for the past two years? (Give the physical address or direction to the nearest town).

Location	Dates
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Location	Dates
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3. What type of operation is the Charity's primary business? _____

Annual or Semi-Annual event sponsor? _____

4. List what type of event and dates the Charity has been involved in over the last two years.

5. List the approximate amount of money given to other causes taken in by the Charity (Do not include expenses). _____

6. Has the Charity ever been denied exempt status or been suspended or lost exempt status? No _____ Yes _____, if so explain: _____

7. Any additional comments you care to add: _____

ORGANIZATION QUESTIONNAIRE
Attach additional pages if necessary

Applicant _____ License No. CGO _____

Officers:

<u>TITLE</u>	<u>NAME</u>	<u>SSN</u>
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PREM. MGR. _____

CONTACT _____

Board of Directors:

<u>TITLE</u>	<u>NAME</u>	<u>SSN</u>	<u>ADDRESS</u>	<u>PHONE #</u>
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Signature of a Primary Officer _____

_____ Date

THIS PAGE MUST BE COMPLETED BY ALL OFFICERS, INCLUDING THE PREMISE MANAGER OF THE ORGANIZATION.

INDIVIDUAL HISTORY

Please print when completing the following questions. All blanks must be completed by all of the officers of the organization. If the question does not apply, place N/A (not applicable) in the space.

Name _____
Last First Middle

Other names used _____

Address: _____
Number & Street City State Zip

Home Phone (____) Business Phone (____) Other (____)

SSN _____ Date of Birth _____ Age _____ Sex _____

Driver's license number/state issued by _____

Place of Birth _____ Height _____ Weight _____

Hair Color _____ Eye Color _____ US Citizen? Yes _____ No _____

(If "No", list alien reg. no.) _____ If a naturalized citizen _____
When & Where

Name of Spouse _____ Is spouse licensed by the ABLE Commission? Yes _____ No _____

Spouse's place of employment _____

CRIMINAL RECORD

Note: A criminal records check is made on all license applicants in the normal processing of a license application. The information provided on this page can protect you from an error in the criminal records check.

12A. Have you ever been convicted of, or pled guilty or nolo contendere to a felony or a misdemeanor related to gambling or gaming? Yes _____ No _____

12B. Are there presently pending against you any criminal charges? (Do not include minor traffic violations for which a fine or bail forfeiture of \$50 or less was imposed.) Yes _____ No _____

12C. If you have answered "Yes" to 12A or 12B, list below.

OFFENSE	DATE	CITY/COUNTY/STATE	FINE/PROBATION/INCARCERATION
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ATTACH ADDITIONAL SHEET IF NECESSARY

DIAGRAM OF PREMISE

Organization Application

Draw or provide a diagram of the premises. The diagram should include the following: outside dimensions, rooms, doorways, bars, liquor storage area, charity games activity area, and charity games equipment storage.

Signature of a Primary Officer

Date

Applicant: This form must be signed and notarized at time of application

Organization Name _____

Address _____
Number & Street City State Zip

CONSENT TO DISCLOSURE OF TAX INFORMATION

For the purposes of the above-captioned application and related matters, said applicant request(s) that information relating to the present tax exempt status of the above organization and/or copies of State and/or Federal Income Tax, and any and all return information relating thereto filed by

_____ (Primary Officer of Organization) for periods beginning

(minimum of two years before today's date) _____ ending (minimum one year from date of application) _____ be made available to the Oklahoma Alcoholic Beverage Laws Enforcement Commission for use in connection with licensing and enforcing the Oklahoma Charity Games Act, 3A O.S.S. 402-428.

Consent to the disclosure of the above information is given only for purposes of and to the extent necessary in complying with this request. I declare that I have the authority to execute this consent on behalf of the organization.

Signature of a Primary Officer and Title

Date

State of Oklahoma

County of _____

Subscribed in my presence and sworn to before me this ____ day of _____, 19____.

My Commission Expires:

Notary Public

Instructions for Notice of Intention

1. Complete in detail
2. Give copy to newspaper for publication
3. Said notice shall be published in not less than two column inches in a legal newspaper of general circulation in the county in which licensed premises are to be located once a week for two (2) successive weeks (EXAMPLE: Publish Monday and Monday for two (2) consecutive weeks).

NOTICE OF INTENTION TO APPLY FOR, OR RELOCATION OF,
A CHARITY GAMES LICENSE

In accordance with Title 3A, Section 411(A) and ABLE Commission Rule 45:50-1-11,
 _____ (name of organization and address) hereby
 publishes notice of their intention to apply, or relocate, their premises within sixty days from this date to
 the Oklahoma Alcoholic Beverage Laws Enforcement Commission for a Charity Games Organization
 licensed under authority of and in compliance with the said Act. That they intend, if granted such license,
 to operate as a Charity Games Organization with business premises to be located at,

_____ (full street address or legal description) in _____ (city), _____ (county), Oklahoma,
 under the business name of _____ ("doing business as" name).

Dated this _____ day of _____ 19_____.

 Signature of a Primary Officer of Organization

State of Oklahoma County of _____

Before me, the undersigned notary public, personally appeared _____ to me
 known to be the person(s) described in and who executed the foregoing application this _____ day
 of _____ 19_____.

My Commission Expires:

 Notary Public

Instructions for Proof of Publication

1. Attach a true copy of each run of the publication
2. Submit original completed Proof of Publication with application.
3. You may submit the publisher's affidavit form in place of the affidavit below.

PROOF OF PUBLICATION

I hereby declare, under penalty of perjury, that _____ (name of legal newspaper) did cause to be published in a legal newspaper of general circulation in the county of _____ located in the city of _____, Oklahoma, by causing the same to be published on the _____ day of _____, 19____, a Notice of Intention to Apply for or Relocation of a Charity Games Organization license, and that a true copy of said notice is attached and made a part hereof.

Dated this _____ day of _____, 19____.

 Legal representative of newspaper

STATE OF OKLAHOMA COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 19____.

My Commission expires:

 Notary Public

MAIL TO: OKLAHOMA TAX COMMISSION
ACCOUNT MAINTENANCE DIVISION
PO BOX 269060
OKLAHOMA CITY, OK 73126-9060

Date: _____

Dear sir: FAX NO. (405) 522-2072

We are completing the application process through the ABLE Commission for a(n) _____ initial (Check one) _____ renewal charity games license.

If renewal: _____ Date Organization Began Conducting Bingo
_____ Date Organization Began Selling Breakopen Tickets

Please send a letter to the address below stating that the organization named is in compliance with all state tax laws.

(Applicant, please complete the following):

Name of Organization Federal Employer Identification Number

Mailing Address of Organization

City State Zip Code

Date Organization Began Doing Business: _____ Number of Employees: _____

What Fundraising have you done in the last year (bingo, bake sales, dances, etc)

List any other name and/or FEI number under which this organization has conducted business and/or reported sales, withholding, or income tax to the State of Oklahoma:

Name (s)

FEI (s)

Tax Type and Date of Last Filing

Signature

Printed Name of Person Signing Title

Daytime Telephone (please include area code)