

OKLAHOMA ALCOHOLIC BEVERAGES LAWS
ENFORCEMENT COMMISSION
Charity Game Application: Exempt Organization
No Licensing Fee

No Cost

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

_____ Completed Application

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(c) 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.

Note: Organization History, Notice of Intention, and Proof of Publication, are not required of Exemptions.

Other information may be required during the investigation.

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

Oklahoma ABLE Commission
Charity Games Division
ABLE COMMISSION
3812 N SANTA FE #200
OKLAHOMA CITY, OK 73118

The filing of this application does not guarantee that the ABLE Commission will grant the exemption that you are applying for, nor does it permit you to operate the charity games applied for. If an exemption is granted by the ABLE Commission, you will receive an EXEMPTION CERTIFICATE.

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 exemption or may cause such exemption to be revoked at any time.

Signature of a Primary Officer

CHARITY GAMES EXEMPT ORGANIZATION AFFIDAVIT

I, _____, being a primary officer of the applicant organization certify that the organization shall conduct charity games activities four or fewer times during the calendar year 19____. I further certify the date, time, and location of the sessions to be as follows:

- | | |
|--------------------------------|--------------------------------|
| 1. Date and Time:
Location: | 3. Date and Time:
Location: |
| 2. Date and Time:
Location: | 4. Date and Time:
Location: |

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

Notary Public

My commission expires: _____

ORGANIZATION QUESTIONNAIRE

Attach additional pages if necessary

Applicant _____ License No. CXO _____

Officers:

<u>TITLE</u>	<u>NAME</u>	<u>SSN</u>	<u>ADDRESS</u>	<u>PHONE #</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 _____

INDIVIDUAL HISTORY

Please print when completing the following questions. All blanks must be completed by the Primary Officer 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 in Questions 1 through 12 below 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? 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

Exempt 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_____.

Notary Public

My Commission Expires: _____

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)

Please Direct questions to Business Tax Accounts (405) 521-3264 03-94/misc.003
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