

# VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES OFFICE OF CHARITABLE AND REGULATORY PROGRAMS

P.O. Box 526, Richmond, VA 23218 (804) 786-1343, Option 2 www.vdacs.virginia.gov

# CHARITABLE GAMING PERMIT APPLICATION (NEW APPLICANT ONLY)

#### **General Instructions**

- A. Use this application when applying for an initial charitable gaming permit, or if an organization has not held a charitable gaming permit the last two years.
- B. Complete the entire application and all required attachments, including documents and/or explanation sheets.
- C. Place "N/A" if item is not applicable. Please type or print all answers. Do not use pencil.
- D. Ensure this application includes the area code in each instance where a telephone number is requested and it is signed/dated by the appropriate individual(s).
- E. Enclose a non-refundable \$200 permit application fee and if applicable, an additional non-refundable \$200 for any social organization seeking authorization to operate and conduct electronic pull-tab/electronic gaming payable to: **Treasurer of Virginia.** Volunteer Fire Departments and Rescue Squads who have been recognized by their locality in accordance with § 15.2-955 of the *Code of Virginia*, and who can provide a copy of the ordinance or resolution of the locality, are exempt from the application fee. An organization that selects "type 18" under question 10 of this application is also exempt from the permit application fee.
- F. Mail the completed application, applicable fee, and all required attachments to the following address: VDACS, Office of Charitable and Regulatory Programs, P.O. Box 526, Richmond, Virginia 23218.
- G. Allow 45 days for processing a **COMPLETED** application. Incomplete application and not providing required attachments will delay the processing and it may be returned to the organization for completion.

|    | ORGANIZATION INFORMATION   |                                |                  |               |  |          |  |
|----|--|--------------------------------|------------------|---------------|--|----------|--|
| 1. | Organization's Federal Tax Payer   | Identification Number:         |                  |               | OCRP#<br>(Office Use Only)                 |          |  |
| 2. | Organization's Name:   |                                |                  |               |  |          |  |
|    | Mailing Address:   |                                |                  |               |  |          |  |
|    | City:  | State:                         | Zip Code:        |               | Telephone:                                 |          |  |
|    | Email Address:   |                                |                  | Web Page:     |  |          |  |
| 3. | Organization's Physical Location:  |                                |                  |               |  |          |  |
|    | City:  | State:                         | Zip Code:        |               | Telephone:                                 |          |  |
|    | Political Subdivision (City, County  | or Town) :                     |                  |               |  |          |  |
|    | Contact Person's Name:   |                                |                  |               | Office/ Position<br>Title:                 |          |  |
|    | -  | First Name Middle Na           | ame Last N       | Name          |  |          |  |
|    | Contact Person's Telephone:  |                                |                  |               | Fax Number:                                |          |  |
|    | Email Address:   |                                |                  |               |  |          |  |
| 4. | Jurisdiction where the organization meets?   | n regularly<br>County of:      |                  |               | City of:                                   |          |  |
| 5. | Has the organization been in exist identified in question 4 for at least please provide an explanation as three years. | three years? If "no" is select | ted under this c | question,     | If "no," please<br>provide<br>explanation. | Yes / No |  |
| 6. | Total Number of Members:   |                                | Total No         | umber of Virg | inia Residents:                            |          |  |
|    | Provide a complete list of officers, are involved in the management a activities, including name, address              | and operation of charitable ga |                  | ,             | t attached with all<br>nation?             | Yes / No |  |
| 7. | Provide a copy of the organization Charter, Constitution, and any oth  |                                | orporation, By-  | Laws,         | Copies attached?                           | Yes / No |  |

|     | ORGAN   | IIZATION INFORM                     | ATION   |                     |                   |  |
|-----|---|-------------------------------------|---|---------------------|-------------------|--|
| 8.  | Provide the month, day and year the organization  | was formed.                         |   |                     |                   |  |
|     |   |                                     |   | Month/D             | ay/Year           |  |
| 9.  | Type of Tax Exempt Status Obtained from IRS: (Mark an "X" by the appropriate box)   |                                     |   |                     |                   |  |
|     | 501 (c) TYPE  | 3                                   | 4   |                     | 8                 |  |
|     | 301 (6) 111 2   | 10                                  | 19  |                     | Another 501 (c    |  |
| 10. | Type of Organization: (Mark an "X" by the appropriate box)  | Type 1                              |   |                     |                   |  |
|     | (Mark arr X by the appropriate box)   | Type 2                              |   |                     |                   |  |
|     | Please see page 15 of the application for additional information on the types of organization in order to   | Type 3                              |   |                     |                   |  |
|     | make the appropriate selection.   | Type 4                              |   |                     |                   |  |
|     |   | Type 5                              |   |                     |                   |  |
|     |   | Type 6                              | Type 12_  |                     | Type 18           |  |
|     | Other: (Explain)  |                                     |   |                     |                   |  |
| 11. | Date Internal Revenue Service Tax Exempt Status   | obtained.                           |   |                     |                   |  |
|     |   |                                     |   | Month/D             | ay/Year           |  |
| 12. | ALL ORGANIZATIONS - Provide a copy of the In<br>Tax Exempt Determination Letter (i.e. relating to the<br>tax exempt status).  |                                     |   | Copies<br>attached? | Yes / No          |  |
| 13. | If "no" is selected under question 12, then please platernal Revenue Service application for a tax exertatachments.   |                                     |   | Copies<br>attached? | Yes / No          |  |
| 14. | In the last three years, has the organization had a Internal Revenue Service revoked or suspended?  | 501(c) status with the              | If "yes," please<br>separate                              |                     | Yes / No          |  |
| 15. | Is the organization in compliance with Federal law last three tax years of mandated Federal Returns (990EZ, 990N, 990PF, 990T, etc.)?   | If "no," please<br>separate         |   | Yes / No            |                   |  |
| 16. | Attach a copy of the organization's most recent file 990EZ, 990N, 990PF, 990T, etc.)  | ed Federal Returns <i>(i.e. IRS</i> | S Form 990,   | Copies attached?    | Yes / No          |  |
|     | If "no" is selected under question 16, then pl<br>Statements prepared for the organization, in<br>sheet, income and expenditure statement, et   | cluding, but not limited to, b      |   | Copies<br>attached? | Yes / No          |  |
|     | If "no" is selected under question 16, then plothe organization has not filed any of the Fed<br>990N, 990PF, 990T, etc.)  |                                     |   | Copies attached?    | Yes / No          |  |
| 17. | If your organization is a part of or related to a natic please provide a letter of good standing from the national and/or state office has provided this inform year, please select N/A (not applicable). | national or state organizatio       | n. If the   | Copies<br>attached? | Yes / No /<br>N/A |  |
| 18. | Is your organization recognized as a corporation o company, as defined by the <i>Code of Virginia</i> , and in Virginia?  | -                                   | If "no," explain o<br>page on how the<br>exempt from this | organization is     | Yes / No          |  |
|     | If "yes" is selected under question 18, then is<br>as registered with the Virginia State Corpora<br>same as provided under question 2.  |                                     |   |                     | Yes / No          |  |
|     | If "no" is selected under the above que the organization's alternative name u   |                                     |   |                     |                   |  |
| 19. | If "yes" is selected under question 18, then is your standing" with the Virginia State Corporation Comm   |                                     | If "no," please<br>separate                               |                     | Yes / No          |  |

|     | ORGANIZATION INI  | FORMA                                     | ATION  |                        |            |  |  |
|-----|---|---|--|------------------------|------------|--|--|
| 20. | Is the organization registered with the Department to solicit charitable contributions in the Commonwealth of Virginia pursuant to the Virgin Solicitation of Contributions law?  |   | If "no," please explain on a<br>separate page how the<br>organization is exempt from<br>registration.  | Yes / No               |            |  |  |
|     | If "yes" is selected under question 20, then is the organization' as registered with the Department the same as provided under question 2.  |   |  | Yes / No               |            |  |  |
|     | If "no" is selected under the above question, please pro<br>the organization's alternative name under this registrat  |   |  |                        |            |  |  |
| 21. | Has any officer, director, or bingo/game manager who participates in management or operation of any charitable gaming activity ever bee convicted of a felony, (ii) convicted of any misdemeanor involving fra or financial crimes within the preceding five years of this application, participated in the management, operation or conduct of any charital game which was found by the Department or a court of competent jurisdiction to have been operated in violation of state law, local ordin or Department's regulation within the last five years?    | n (i)<br>aud, theft<br>or (iii)<br>ble    | If "yes," please provide name,<br>address, and details on a<br>separate page.  | Yes / No               |            |  |  |
| 22. | Has any officer, director, or bingo/game manager who participates in conduct of any charitable gaming activity been (i) convicted of a felo preceding ten years, (ii) convicted of any misdemeanor involving frat or financial crimes within the preceding five years of this application, participated in the management, operation or conduct of any charital game which was found by the Department or a court of competent jurisdiction to have been operated in violation of state law, local ordin or Department's regulation within the last five years? | ny in the<br>ud, theft<br>or (iii)<br>ble | If "yes," please provide name,<br>address, and details on a<br>separate page.  | Yes / No               |            |  |  |
| 23. | Is any officer, director, bingo/game manager, or any member who is in the conduct, operation, or management of charitable gaming active related to a licensed manufacturer/supplier, manufacturer's/supplier' employee, member of the manufacturer's/supplier's immediate family person residing in the same household who offers, provides, or sells products to your organization?  | ities<br>s agent,<br>y or                 | If "yes," please provide name,<br>address, and details on a<br>separate page.  | Yes / No               |            |  |  |
|     | CHARITABLE GAMIN  | G ACT                                     | IVITIES  |                        |            |  |  |
| 24. | 24. List the location(s), day(s), date(s) and time(s) the charitable gaming activity(s) will be held: (List all planned activities below. If more space is needed or your organization utilizes additional facilities, provide the same information relative to the additional facility on a separate page and attach.)  Building Name (If applicable):   |   |  |                        |            |  |  |
|     | Physical Address:   |   |  |                        |            |  |  |
|     | City: State:  |   | Zip Code:  | _                      |            |  |  |
|     | Political Subdivision (City, County or Town):   |   |  |                        |            |  |  |
|     | Bingo   |   | Paper Instant Bingo, Seal<br>Tabs (Social Qua  |                        |            |  |  |
|     | Type of Charitable Gaming Activity:  (Mark an "X" by the appropriate box) Standalone Raffle   |   | Electronic Pull-Tab/Electronic Pull-Tab/Electr | •                      |            |  |  |
|     | Annual Paper Pull-Tab<br>Event  |   | Electronic Pull-Tab/Electronic Pull-Tab/Electronic Sp  | •                      |            |  |  |
|     | Day(s) of the Week and/or Frequency of Gaming Activities:   |   |  |                        |            |  |  |
|     | Doors Open: am/pm  ("Doors open" cannot be more than two hours before "begin game time." ("I  This requirement only applies to bingo)   |   | Doors Close: cannot be more than two hours a requirement only applies to   | <br>after "end game ti | ime." This |  |  |
|     | Begin Game Time: am/pm  | End                                       | Game Time:   | am/pm                  |            |  |  |
| 25. | Has the organization adopted any "house rules" for the charitable gain question 24, it wishes to conduct? If "yes," please attach a copy of   |   |  | Yes / No               |            |  |  |

Rev. 7/23

| Is the orac | anization wishing to conduct a bingo  | ITABLE GAMING AC  |  |   |
|-------------|---|---|--|---|
| 27 of this  | application.  | session? II no, then please   | go to question   | Yes / No                                |
| FOR BING    |   |   |  |   |
| leas        | es" is selected under question 26, the<br>e the facility; or (ii) own and has title<br>sion is be conducted?  |   | (Select One):  | □ Leased Facility<br>□ Owned Facility   |
|             | If either "leased facility" or "owner question, then is the facility locat of the organization's principal off Commission; or (ii) an adjoining principal office?   | ted within the (i) county, city or<br>fice, as registered with the Stat   | town in which<br>te Corporation                                  | Yes / No                                |
|             | If either "leased facility" or "owner question, then is the organization auxiliary units thereof organized association or corporation operatored public institution of his school licensed or certified by the Higher Education for Virginia quality. | n (i) an association of war veter<br>in the United States; (ii) a frate<br>ting under the lodge system; a<br>gher education or other postse<br>e Board of Education or the St | erans or<br>ernal<br>and (iii) an<br>econdary<br>tate Council of |   |
|             | Revenue Code?   |   |  | Yes / No                                |
|             | If either "leased facility" or "owner question, then does the establis pursuant to Chapter 2 (§ 4.1-200)  | <u>shment</u> have an ABC license o   | granted to it  |   |
|             |   | .,  | •  | Yes / No                                |
|             | organization wishing to co<br>been granted an ABC lice  | his particular question, then is<br>nduct bingo (i) at an <u>establish</u><br>nse pursuant to Chapter 2 (§ 4<br><i>Virginia</i> and (ii) such ABC lice                        | <u>i<b>ment</b></u> that has<br>.1-200 et seq.)                  | Yes / No                                |
|             | Chapter 2 (§ 4.1-200 et se<br>If either "leased facility" or "owne<br>question, then is the facility used<br>purpose of conducting charitable   | d by more than one organization gaming activities? If "yes," is   | Virginia . Copy attached? is particular on for the s selected    | Yes / No                                |
|             | under this question, then please utilizing this facility on a separate  | · -   | anization_   | Vaa / Na                                |
|             | If "leased facility" is selected und copy of the current lease for the conducted by the organization.   | der this particular question, the   |  | Yes / No                                |
|             | If "leased facility" is selected und landlord.  | der this particular question, the   | n please provide the follow                                      | ring information on the                 |
|             | Landlord's Corporate Nam  | ne:   |  |   |
|             | Landlord's Name:  |   |  |   |
|             | Physical Address:   | First Name  | Middle Name  | Last Name                               |
|             | •   | Stato:  | Zip Code:  |   |
|             | City:   | State:  |  |   |
|             | Telephone:  If "leased facility" is selected und facility.  | der this particular question, the   | Fax Numb<br>n please provide the follow                          |   |
|             | Facility's Name:  |   |  |   |
|             | Facility Manager's Name:  |   |  |   |
|             | ,ayor o manto.  | First Name  | Middle Name  | Last Name                               |
|             | Telephone:  |   | Fax Numb   | er:                                     |
| ,           | es" is selected under question 26, the<br>duct the bingo session contracted or  |   | (Select One or Both):  | □ Contracted Equipmer □ Owned Equipment |
| Othe        | er (Explain):   |   |  |   |
|             | If "contracted equipment" is sele attach a copy of the current agre   |   | stion, then Agreemen attached?                                   |   |

|    | CHARITABLE GAMING ACTIVITIES  |                   |                 |           |
|----|---|-------------------|-----------------|-----------|
| C. | If "yes" is selected under question 26, then list the name of all manufacturers and/or gaming supplies to your organization, or who the organization anticipates obtaining the Supplier's Name:  Supplier's Name:   |                   | nave sold cha   | ritable   |
|    | Supplier's Name:  |                   |                 |           |
|    | e organization wishing to conduct a raffle event outside of a bingo session? If "no," please go to question 28 of this application.   |                   | Yes / No        |           |
| FO | R STANDALONE RAFFLE ONLY, INCLUDING 50/50, QUEEN OF HEARTS, KING C  |                   | UCK RACES       |           |
| a. | If "yes" is selected under question 27, then will the raffle event be held in conjunction with a casino or Las Vegas night?   |                   | Yes / No        |           |
| b. | If "yes" is selected under question 27, then what date does the organization plan to begin raffle ticket sales?  (Tickets cannot be sold until receipt of a valid amended charitable gaming permit.)  | M                 | onth/Day/Year   |           |
|    | Date and time of the raffle drawing:  | Month/Da          | ny/Year         | Time      |
| C. | If "yes" is selected under question 27, then what is the raffle prize to be given away?   | (Use separate p   | page, if necess | ary.)     |
|    | If "yes" is selected under question 27, then was the tangible prize(s) purchased and/o value of each prize? (Use additional page, if necessary.)  Describe Tangible Prize:  (Select One) □ Prize Donated □ Prize Purchased  Market Value of Prize:  Market Value of Prize:                                  |                   | what is the fa  | ir market |
| е. | If "yes" is selected under question 27, then what is the total purchase price per ticket? (i.e. 1 ticket for \$5 and 4 tickets for \$15)  |                   |                 |           |
| f. | If "yes" is selected under question 27, then will volunteers/members who sell the raffle tickets be allowed to buy raffle tickets?  |                   | Yes / No        |           |
|    | If "yes," is selected under this particular question, then please provide specific information on a separate page on how the organization intends to maintain integrity of the raffle with this allowance.  | Page<br>attached? | Yes / No        |           |
| g. | If "yes" is selected under question 27, then please provide specific information on a separate page on the raffle activity, including who will be responsible for its oversight, and all rules of play (i.e. what happens if not enough tickets are sold or how many days a winner has to claim the prize.) | Page<br>attached? | Yes / No        |           |
| h. | If "yes" is selected under question 27, then will all of the raffle tickets be sold within the Commonwealth of Virginia?  |                   | Yes / No        |           |
|    | If "no" is selected under this particular question, then is the organization compliant with all of the regulations of the jurisdictions where the raffle ticket will be sold?   |                   | Yes / No        |           |
|    | If "no" is selected under this particular question, then please provide an explanation on a separate page on how the organization will sell tickets outside of the Commonwealth of Virginia.  | Page<br>attached? | Yes / No        |           |

|     |          | CHARITA   | ABLE GAMING ACT  | IVITIES                      |  |
|-----|----------|---|--|------------------------------|--|
|     | i.       | If "yes" is selected under question 27, then and has title to the facility or lease the facilit will occur?   |  | (Select One):                | □ Leased Facility □ Owned Facility             |
|     |          | Other (Explain):  |  |                              |  |
|     |          | If "leased facility" is selected under t<br>attach a copy of the current lease th<br>facility in the conduct of the raffle dra  | at authorizes the organizatio  |                              | ? Yes / No                                     |
|     |          | If "leased facility" is selected under t<br>landlord.   | his particular question, then  | olease provide the follow    | wing information on the                        |
|     |          | Landlord's Corporate Name:  |  |                              |  |
|     |          | Landlord's Name:  |  |                              |  |
|     |          | Physical Address:   | First Name   | Middle Name                  | Last Name                                      |
|     |          | Physical Address:   | State:   | Zip Code:                    |  |
|     |          | City:   | State.   | · -                          |  |
|     |          | Telephone:  |  | Fax Numb                     |  |
|     |          | If "leased facility" is selected under t facility.  | his particular question, then  | olease provide the follow    | wing information on the                        |
|     |          | Facility's Name:  |  |                              |  |
|     |          | Facility Manager's Name:  | F:   | ACT III AL                   |  |
|     |          | Telephone:  | First Name   | Middle Name<br>Fax Numb      | Last Name<br>Der:                              |
|     | j.<br>k. | If "yes" is selected under question 27, then organization for the purpose of conducting of selected under this question, then please prutilizing this facility on a separate page.  If "yes" is selected under question 27, then conduct the raffle drawing contracted or own | charitable gaming activities?<br>covide the name of each organists the equipment used to | If "yes," is                 | Yes / No  Contracted Equipment Owned Equipment |
|     |          | Other (Explain):  |  |                              |  |
|     |          | If "contracted equipment" is selected attach a copy of the current agreement  |  | on, then Agreeme<br>attached |  |
|     | I.       | If "yes" is selected under question 27, then information identified on page 16 of the app attached to this application?   |  |                              |  |
| 28. | card     | e social organization wishing to sell electronic<br>s and/or pull-tabs in its social quarter? If "no,<br>cation.  |  |                              | Yes / No                                       |
|     |          | R ELECTRONIC PULL-TAB/ELECTRONIC  |  | ER INSTANT BINGO,            | SEAL CARDS AND/OR                              |
|     | a.       | If "yes" is selected under question 28, then  | -  | nic null-tabs                |  |
|     |          | and paper instant bingo, seal cards and/or porganization's members and their guests?  |  |                              | Yes / No                                       |
|     |          | If "yes" is selected under this particution of the social organization's members which governs a member's guest.  |  |                              | ? Yes / No                                     |
|     | b.       | If "yes" is selected under question 28, then where electronic pull-tabs and paper instant sold?   |  |                              | Yes / No                                       |
|     |          | If "yes" is selected under this particul explanation on a separate page on to the facility.   |  |                              | ? Yes / No                                     |

|    | CHARITABLE GAMING AC   | TIVITIES  |   |
|----|--|---|---|
| C. | If "yes" is selected under question 28, then does the social organization (i) exclusively and entirely leased the facility; or (ii) own and has title to the facility where the electronic pull-tabs and paper instant bingo, seal cards and/or pull-tabs are to be sold?  | (Select One):   | □ Exclusively & Entirely<br>Leased Facility<br>□ Owned Facility |
|    | If either "exclusively and entirely leased facility" or "owned facility under this particular question, then is the facility located within to city or town in which of the social organization's principal office, with the State Corporation Commission; or (ii) an adjoining courtown of the social organization's principal office?  | he (i) county,<br>as registered                         | Yes / No  |
|    | If either "leased facility" or "owned facility" is selected under this question, then is the organization (i) an association of war veter auxiliary units thereof organized in the United States; (ii) a frate association or corporation operating under the lodge system; or accredited public institution of higher education or other postses school licensed or certified by the Board of Education or the Statistical Higher Education for Virginia qualified under § 501(c)(3) of the Revenue Code? | ans or<br>rnal<br>(iii) an<br>condary<br>ate Council of | Yes / No  |
|    | If either "leased facility" or "owned facility" is selected under this question, then does the <b>establishment</b> have an ABC license gursuant to Chapter 2 (§ 4.1-200 et seq.) of Title 4.1 of the Cod  | ranted to it  |   |
|    | paradalitita anaptai 2 (3 1.1 200 at aaq.) at 1110 1.11 at the aaa   | o or virginia .   | Yes / No  |
|    | If "yes" is selected under this particular question, then is to organization wishing to sell electronic pull-tabs and paper bingo, seal cards and/or pull-tabs (i) at an establishment been granted an ABC license pursuant to Chapter 2 (§ 4. of Title 4.1 of the Code of Virginia and (ii) such ABC licenthe social organization?  | instant<br>that has<br>1-200 et seq.)                   | Yes / No  |
|    | If "yes" is selected under this particular question, then ple copy of the ABC license granted to the social organization Chapter 2 (§ 4.1-200 et seq.) of Title 4.1 of the Code of V   | n pursuant to<br>irginia                                | Copy ched? Yes / No   |
|    | If either "exclusively and entirely leased facility" or "owned facility under this particular question, then is the facility used by more to organization for the purpose of conducting charitable gaming ac "yes," is selected under this question, then please provide the progranization utilizing this facility on a separate page.  | ty" is selected<br>han one<br>ctivities? <u>If</u>      | Yes / No  |
|    | If "exclusively and entirely leased facility" is selected under this question, then attach a copy of the current lease for the facility electronic pull-tabs and paper instant bingo, seal cards and/or possible by the social organization.   | where the oull-tabs are L                               | ease ched? Yes / No   |
|    | If "exclusively and entirely leased facility" is selected under this information on the landlord.  |   | 1007110   |
|    | Landlord's Corporate Name:   |   |   |
|    | Landlord's Name:   |   |   |
|    | First Name   | Middle Name   | Last Name   |
|    | Physical Address:  City: State:  | Zip Code:   |   |
|    | Telephone:   | · ·   | Number:   |
|    | If "exclusively and entirely leased facility" is selected under this question, then is there any other organization leasing the same   | -<br>particular   | Yes / No  |
| d. | If "yes" is selected under question 28, then list the name of all manufacture electronic pull-tabs and paper instant bingo, seal cards and/or pull-tabs organization anticipates obtaining them from.  |   |   |
|    | Manufacturer's/Supplier's Name:  |   |   |
|    | Manufacturer's/Supplier's Name:  |   |   |
|    | Manufacturer's/Supplier's Name:  |   |   |

Rev. 7/23

|     |       | CHARITABLE GAMING ACTIVITIES   |  |  |
|-----|-------|--|--|--|
|     | e.    | If "yes" is selected under question 28, then is the social organization (i) intending to advertise or is advertising electronic pull-tabs/electronic gaming and paper instant bingo, seal cards and/or pull-tabs; and/or (ii) intending to solicit or is soliciting the public to play on an electronic pull-tabs/electronic gaming device or purchase paper instant bingo, seal cards and/or pull-tabs?   |  | Yes / No                               |
|     | f.    | If "yes" is selected under question 28 <u>and</u> the social organization intends to operate and conduct electronic pull-tab/electronic gaming device, then how many actual electronic pull-tab/electronic gaming devices will be located within the social organization's social quarter?   |  |  |
|     |       | As a reminder, pursuant to § 18.2-340.26:3 of the <i>Code of Virginia</i> , it states that the maximum number of electronic pull-tab/electronic gaming devices at a location is 18. Furthermore, pursuant to 11VAC20-20-40 (L) of the Charitable Gaming Regulations, a social organization shall only use a device that bears a device tag affixed by the Department.  |  |  |
|     | g.    | manufacturer?  | e or Both):                                | □ Contract Equipment □ Owned Equipment |
|     |       | Other (Explain):  If "contract equipment" is selected under this particular question, then attach a copy of the current agreement for the equipment.   | Agreement attached?                        | Yes / No                               |
|     | h.    | If "yes" is selected under question 28 <u>and</u> the social organization intends to operate and conduct electronic pull-tab/electronic gaming device, then is the social organization's social quarter consist of a contiguous area within its primary location?  |  | Yes / No                               |
|     | i.    | If "yes" is selected under question 28 <u>and</u> the social organization intends to operate and conduct electronic pull-tab/electronic gaming device, then is the social organization's primary location where the social quarter is located have a (i) unique physical address as established by the United State Postal Service <u>and</u> (ii) certificate of occupancy issued by the city, county, or town where the building is  |  |  |
|     |       | physically located?  |  | Yes / No                               |
|     | j.    | If "yes" is selected under question 28 <u>and</u> the social organization intends to operate and conduct electronic pull-tab/electronic gaming device, then has the premises where the social organization intends to operate and conduct electronic pull-tabs/electronic gaming has been deemed a common nuisance pursuant to § 18.2-   |  |  |
|     |       | 258 of the Code of Virginia?   |  | Yes / No                               |
| 29. | the p | e organization wishing to operate and conduct electronic pull-tabs/electronic gaming in public space of a social organization? If "no," then please go to question 30 of this  |  |  |
|     | appli | cation.  |  | Yes / No                               |
|     |       | R ELECTRONIC PULL-TAB/ELECTRONIC GAMING DEVICE BY AN ORGANIZATION  | N IN THE PU                                | IBLIC SPACE OF A                       |
|     | a.    | If "yes" is selected under question 29, then is the organization leasing a public space where it intends to operate and conduct electronic pull-tab/electronic gaming device from either a (i) an association of war veterans or auxiliary units thereof organized in the United States; (ii) a fraternal association or corporation operating under the lodge system; or (iii) an accredited public institution of higher education or other postsecondary school licensed or certified by the Board of Education or the State Council of Higher Education for Virginia qualified under § 501(c)(3) of the Internal Revenue Code? | If "no," explain<br>on a separate<br>page. | Yes / No                               |
|     |       | If "yes" is selected under this particular question, then attach a copy of the current lease for the facility where the electronic pull-tab/electronic gaming device is to be operated and conducted by the organization   | Lease<br>attached?                         | Yes / No                               |

Rev. 7/23

|    | CHARITA   | ABLE GAMING ACT   | TIVITIES  |  |
|----|---|---|---|--|
| b. | If "yes" is selected under question 29, then is organization for the purpose of conducting conselected under this question, then please prutilizing this facility on a separate page.   | charitable gaming activities?   | If "yes," is  | Yes / No                               |
|    | Please provide the following information  | tion on the landlord.   |   |  |
|    | Landlord's Corporate Name:  |   |   |  |
|    | Landlord's Name:  |   |   |  |
|    | Physical Address:   | First Name  | Middle Name   | Last Name                              |
|    | City:   | State:  | Zip Code:   |  |
|    | Telephone:  |   | Fax Num   | <del></del><br>her                     |
|    | Is there any other organization leasing   | ng the same facility?   | Taxitain  | Yes / No                               |
| C. | If "yes" is selected under question 29, then I electronic pull-tabs to your organization, or v  |   |   |  |
|    | Manufacturer's/Supplier's Name:   |   |   |  |
|    | Manufacturer's/Supplier's Name:   |   |   |  |
|    | Manufacturer's/Supplier's Name:   |   |   |  |
| d. | If "yes" is selected under question 29, then we contract or own the electronic pull-tab/electronanufacturer?  |   | (Select One or Both):                                       | □ Contract Equipment □ Owned Equipment |
|    | Other (Explain):  |   |   |  |
|    | If "contract equipment" is selected un<br>a copy of the current agreement for t   |   | , then attach Agreeme<br>attached                           |  |
| e. | If "yes" is selected under question 29, then is advertise or is advertising electronic pull-tab to solicit or is soliciting the public to play on a   | s/electronic gaming and/or  | (ii) intending  |  |
|    | device?   |   |   | Yes / No                               |
| f. | If "yes" is selected under question 29, then he gaming devices will be located within the puland conduct?   |   |   |  |
|    | As a reminder, pursuant to § 18.2-340.26:3 maximum number of electronic pull-tab/electronic pull-tab/electronic pursuant to 11VAC20-20-60 (Lan organization shall only use a device that Department.  | tronic gaming devices at a l<br>_) of the Charitable Gaming   | ocation is 18.<br>Regulations,                              |  |
| g. | If "yes" is selected under question 29, then is organization intends to operate and conduct device separate from social organization's s  | t an electronic pull-tab/electi   |   | Yes / No                               |
|    | Please provide a diagram of the facil organization's social quarter and (ii)  |   | Diagram<br>attached   |  |
| h. | If "yes" is selected under question 29, then hintends to operate and conduct electronic pudeemed a common nuisance pursuant to § 2  | ull-tabs/electronic gaming ha   | as been   |  |
|    |   |   |   | Yes / No                               |
|    | e organization wishing to conduct an annual p<br>question 31 of this application.   | paper pull-tab event? If "no,   | " then please   | Yes / No                               |
| FO | R ANNUAL PAPER PULL-TAB EVENT ONL   | .Y  |   |  |
| а. | If "yes" is selected under question 30, then to booster club or a band booster club, which is sponsored athletic or band activities for a put (in accordance with § 22.1-19 of the Code of students attending such school wishing to comust submit all pertinent information identified pertinent information attached to this application. | s created solely to raise fun-<br>ublic school or private accre<br>f Virginia) or to provide sch<br>onduct an annual paper pull<br>ed on page 15 of the applica | ds for school-<br>dited school<br>olarships to<br>tab event | Voc./No                                |
|    |   |   |   | Yes / No                               |

|     |        |  | CHARITAE                              | SLE GAMING        | G ACTIVIT                             | IES   |   |
|-----|--------|--|---------------------------------------|-------------------|---------------------------------------|---|---|
|     | b.     | If "yes" is selected under ques<br>and has title to the facility or le<br>pull-tab event will occur?   |                                       |                   |                                       | (Select One):   | □ Leased Facility □ Owned Facility                            |
|     |        | Other (Explain):   |                                       |                   |                                       |   |   |
|     |        | If "leased facility" is se<br>attach a copy of the co<br>facility in the conduct   | urrent lease that                     | authorizes the or | ganization to u                       |   | Yes / No  |
|     |        | If "leased facility" is se<br>landlord.  |                                       | particular questi | on, then please                       | e provide the followi   | ng information on the   |
|     |        | Landlord's Corp  | orate Name:                           |                   |                                       |   |   |
|     |        | Landlord's Nam   | e:                                    | F:                |                                       | ACTUAL  |   |
|     |        | Physical Addres  | s.                                    | First Name        |                                       | Middle Name   | Last Name   |
|     |        | City:  | <u> </u>                              | State:            | Zin (                                 | Code:   |   |
|     |        | Telephone:   |                                       | otato.            | Zip (                                 | Fax Numbe   |   |
|     |        | • —  |                                       |                   |                                       |   |   |
|     |        | If "leased facility" is se<br>facility.  |                                       | particular questi | on, then please                       | e provide the followi   | ng information on the   |
|     |        | Facility's Name:   |                                       |                   |                                       |   |   |
|     |        | Facility Manage  | r's Name:                             | F: (N             |                                       | NELU N  |   |
|     |        | Telephone:   |                                       | First Name        |                                       | Middle Name<br>Fax Numbe  | Last Name<br>r·   |
|     |        | · -  | ation 20 than list                    | the name of all a | uppliere who b                        |   |   |
|     | C.     | If "yes" is selected under ques<br>seal cards and/or pull-tabs to  |                                       |                   |                                       |   |   |
|     |        | Supplier's Name:   |                                       |                   |                                       |   |   |
|     |        | Supplier's Name:   |                                       |                   |                                       |   |   |
|     |        | Supplier's Name:   |                                       |                   |                                       |   |   |
|     | d.     | If "yes" is selected under questorganization for the purpose of selected under this question, utilizing this facility on a separate of the selected under questions of the selected under questions of the selected under questions of the selected under the select | of conducting cha<br>then please prov | ritable gaming a  | ctivities? If "ye                     | s," is_   | Yes / No  |
| 31  | Nam    | ne of individual responsible for f   | iling financial ren                   | orte:             |                                       |   | <u> </u>  |
| 01. | INGIII | e of individual responsible for t  | iiing iinanciai rep                   |                   | First Name                            | Middle Name   | e Last Name   |
|     | Rela   | tionship to Organization:  |                                       |                   |                                       |   |   |
|     | Phys   | sical Address:   |                                       |                   |                                       |   |   |
|     | City:  |  | State:                                | Zi <sub> </sub>   | p Code:                               | Telephone   | e:  |
|     | E-Ma   | ail Address:   |                                       |                   |                                       | Fax Numbe   | er:   |
| 32. | Whe    | ere are the financial records sto  | red and the conta                     | act person respor | nsible for these                      | records?  |   |
|     | Phys   | sical Address:   |                                       |                   |                                       |   |   |
|     | •      | _  | State:                                | Zii               | p Code:                               | Telephone   | ):  |
|     |        | tact Person's Name:  |                                       |                   |                                       | Fax Numbe   |   |
|     | 00111  |  | First Name                            | Middle Name       | Last                                  | Name  | <u> </u>  |
| 33. |        | s the organization pay or anticipager for participating in the organized   |                                       |                   | /ities? info                          | es," please complete the<br>rmation below for each<br>ual. Use additional page,<br>necessary. | if<br>Yes / No  |
|     | a.     | Individual's Name:   |                                       |                   |                                       |   | Title (Calest One = 5, 11)                                    |
|     |        |  | First Name                            | Middle Name       | Last Name                             |   | Title <i>(Select One or Both)</i> :<br>caller □ Bingo Manager |
|     |        | Registration Number (BM  | R/BCR#):                              |                   |                                       |   | J   |
|     | b.     | Individual's Name:   |                                       |                   |                                       | Position  | Title (Select One or Both):                                   |
|     |        | Registration Number (BM  | First Name<br>R/BCR#):                | Middle Name       | Last Name                             |   | caller □ Bingo Manager  |
|     |        |  |                                       |                   | · · · · · · · · · · · · · · · · · · · |   |   |

|     | CHARITABLE GAMING ACTIVITIES  |   |  |  |  |  |  |
|-----|---|---|--|--|--|--|--|
| 34. | Describe in detail how the funds derived from the organization's charitable gaming activities those lawful religious, charitable, community or educational purposes.  | will be disbursed in accordance with            |  |  |  |  |  |
|     |   |   |  |  |  |  |  |
| 35. | Did the organization enter into any contract or agreement, whether verbal or written with a third-party to organize, coordinate, manage, operate, or conduct any of the organization's charitable gaming activities it wishes to conduct? Pursuant to § 18.2-340.33 (2) of the Code of Virginia, it states that "no qualified organization shall enter into a contract with or otherwise employ for compensation any person for the purpose of organizing, managing, or conducting any charitable games." For the purposes of this section, all compensation whether direct or indirect is prohibited to a third-party. | Yes / No  |  |  |  |  |  |
|     | FOR VOLUNTEER FIRE DEPARTMENTS AND RESCUE SQUAI<br>APPLICATION FEE UNDER § 15.2-955 OF THE <i>CODE</i>  |   |  |  |  |  |  |
| 36. | Is the organization currently recognized in accordance with § 15.2-955 of the <i>Code of Virginia</i> by an ordinance or resolution by a political subdivision where the organization is located as being part of the safety program of the political subdivision?  | Yes / No  |  |  |  |  |  |
| 37. | Date the organization was recognized in accordance with § 15.2-955 of the <i>Code of Virginia</i> by an ordinance or resolution by a political subdivision where the organization is located as being part of the safety program of the political subdivision.  |   |  |  |  |  |  |
|     |   | Month/Day/Year                                  |  |  |  |  |  |
| 38. | Name of political subdivision that has recognized the applicant organization as being part of its safety program.   | City County or Tour                             |  |  |  |  |  |
| 39. | Provide a copy of the dated ordinance or resolution issued by the above referenced political subdivision that designates the applicant organization as being part of the safety program of the political subdivision.   | City, County or Town  Copies attached? Yes / No |  |  |  |  |  |
|     |   |   |  |  |  |  |  |

### IMPORTANT NOTICE TO ALL ORGANIZATIONS

All organizations conducting charitable gaming must file a quarterly financial report beginning with the month they (1) conduct bingo, (2) conduct instant bingo, seal cards and pull-tabs, (3) conduct electronic gaming/electronic pull-tabs and (4) begin raffle sales, and each quarter thereafter as long as they have charitable gaming receipts or disbursements, and must file the annual financial report, as prescribed by law.

Failure to do so will result in the automatic revocation of the organization's charitable gaming permit in accordance with § 18.2-340.30 (E) of the Code of Virginia.

## Organizations are required to file reports by the following dates:

# **Quarterly Report Period**

January 1 - March 31 April 1 - June 30 July 1 - September 30 October 1 - December 31

# Annual Report Period

January 1 through December 31

## **Quarterly Report Due** Date

June 1 September 1 December 1 March 1

# **Annual Report Due** Date

March 15

Form 201-N

\$25.00 per day late filing penalty.

To obtain the Financial Reporting Forms, please visit the OCRP web site at www.vdacs.virginia.gov/charitable-gaming-financial-reporting.shtml

#### **GAMING PERSONNEL INFORMATION**

Section 18.2-340.25 of *Code of Virginia* provides that no charitable gaming permit can be issued prior to a reasonable background investigation conducted by the Office of Charitable and Regulatory Programs.

#### This form must be completed for the following individual in each office/position:

- (1) President, Chief Executive Officer or equivalent position;
- (3) for each Bingo Manager or Game Manager.
- (2) Treasurer, Chief Financial Officer or equivalent position; and

| OFFICE/POSITION  |                                     |  |                                |  |  |  |  |
|--|-------------------------------------|--|--------------------------------|--|--|--|--|
| (Please check the appropriate position box for the individual)                   |                                     |  |                                |  |  |  |  |
|  | <del>-</del>                        | Treasurer, Chief Financial Officer, Financial Officer or equivalent position |                                |  |  |  |  |
|  | PERSONAL INI                        | FORMATION  |                                |  |  |  |  |
| Answer each section in its entirety, legi responses will delay processing of the | application. If you do not have     | ve a middle name, then insert "Ni  | MN" (No Middle Name).  office/ |  |  |  |  |
| Full Name: Complete First Name   | Complete Middle Name                | Complete Last Name   | ion Title:                     |  |  |  |  |
| Term of Office Holder:   | Begin Term Date:                    | End Te   | rm Date:<br>Month/Date/Year    |  |  |  |  |
| Social Security Number:  | Date of Birth:                      | Race:  | Sex:                           |  |  |  |  |
| Physical Home Street Address:  |                                     |  |                                |  |  |  |  |
| City:  |                                     | State:   | Zip Code:                      |  |  |  |  |
| Daytime Phone Number:  |                                     | Fax Number:  |                                |  |  |  |  |
| Other Phone Number:  |                                     |  |                                |  |  |  |  |
| E-Mail Address:  |                                     |  |                                |  |  |  |  |
|  | DISCLAIMER AN                       | ND AFFIDAVIT   |                                |  |  |  |  |
| I understand that I am required to subn  | nit a <u>Gaming Personnel Infor</u> | mation Update Form for any cha   | nges within this application.  |  |  |  |  |
| Signature:   |                                     |  | Date:                          |  |  |  |  |
| Prior to issuance of a license or  | permit, the Office of Cha           | ritable and Regulatory Prog  | grams reserves the right to    |  |  |  |  |

request additional information from those named on this particular "Gaming Personnel Information" form.

Charitable Gaming Permit Application (New Applicant Only)
Page 13 of 17

# THE PRESIDENT/CHIEF EXECUTIVE OFFICER, OR DESIGNEE, OF THE ORGANIZATION MUST PRINT HIS/HER NAME, AFFIX HIS/HER SIGNATURE, AND PROVIDE THE DATE.

I hereby certify that all information provided in this application and attachments are true to the best of my knowledge, information and belief, that I have not knowingly made a false statement of material fact on this application, and that I have read and understand the terms and conditions as set out under the charitable gaming statutes and Charitable Gaming Regulations. I understand that untruthful or misleading answers are cause for denial of the charitable gaming permit. I also agree that the organization listed on this application and its officers, directors, members, and individuals affiliated with the organization will abide by the charitable gaming statutes and Charitable Gaming Regulations during the management, operation and conduct of charitable gaming activities. I understand that if any information on the application changes or is found to be inaccurate, then the organization shall notify the department and provide the updated or corrected information within three business days of the change or the discovery of the inaccuracy. Signature: Office/ Full Name: Position Title: Complete First Name Complete Last Name Complete Middle Name

#### SUPPLEMENTAL INFORMATION

In order to answer question 10 of the application, please review the types of organizations, as defined by § 18.2-340.16 of the Code of Virginia, which defines an "organization" as one of the following:

- Type 1. A volunteer fire department or volunteer emergency medical services agency or auxiliary unit thereof that has been recognized in accordance with § 15.2-955 by an ordinance or resolution of the political subdivision where the volunteer fire department or volunteer emergency medical services agency is located as being a part of the safety program of such political subdivision;
- Type 2. An organization that is exempt from income tax pursuant to § 501(c)(3) of the Internal Revenue Code, is operated, and has always been operated, exclusively for educational purposes, and awards scholarships to accredited public institutions of higher education or other postsecondary schools licensed or certified by the Board of Education or the State Council of Higher Education for Virginia:
- Type 3. An athletic association or booster club or a band booster club established solely to raise funds for school-sponsored athletic or band activities for a public school or private school accredited pursuant to § 22.1-19 or to provide scholarships to students attending such school;
- Type 4. An association of war veterans or auxiliary units thereof organized in the United States;
- Type 5. A fraternal association or corporation operating under the lodge system;
- Type 6. An organization that is exempt from income tax pursuant to § 501(c)(3) of the Internal Revenue Code and is operated, and has always been operated, exclusively to provide services and other resources to older Virginians, as defined in § 51.5-116;
- Type 7. An organization that is exempt from income tax pursuant to § 501(c)(3) of the Internal Revenue Code and is operated, and has always been operated, exclusively to foster youth amateur sports;
- Type 8. An organization that is exempt from income tax pursuant to § 501(c)(3) of the Internal Revenue Code and is operated, and has always been operated, exclusively to provide health care services or conduct medical research:
- Type 9. An accredited public institution of higher education or other postsecondary school licensed or certified by the Board of Education or the State Council of Higher Education for Virginia that is exempt from income tax pursuant to § 501(c)(3) of the Internal Revenue Code;
- Type 10. A church or religious organization that is exempt from income tax pursuant to § 501(c)(3) of the Internal Revenue Code;
- Type 11. An organization that is exempt from income tax pursuant to § 501(c)(3) or 501(c)(4) of the Internal Revenue Code and is operated, and has always been operated, exclusively to (i) create and foster a spirit of understanding among the people of the world; (ii) promote the principles of good government and citizenship; (iii) take an active interest in the civic, cultural, social, and moral welfare of the community; (iv) provide a forum for the open discussion of matters of public interest; (v) encourage individuals to serve the community without personal financial reward; and (vi) encourage efficiency and promote high ethical standards in commerce, industries, professions, public works, and private endeavors;
- Type 12. An organization that is exempt from income tax pursuant to § 501(c)(3) of the Internal Revenue Code and is operated, and has always been operated, exclusively to (i) raise awareness of law-enforcement officers who died in the line of duty; (ii) raise funds for the National Law Enforcement Officers Memorial and Museum; and (iii) raise funds for the charitable causes of other organizations that are exempt from income tax pursuant to § 501(c)(3) of the Internal Revenue Code;
- Type 13. An organization that is exempt from income tax pursuant to § 501(c)(3) of the Internal Revenue Code and is operated, and has always been operated, exclusively to (i) promote the conservation of the environment, caves, or other natural resources; (ii) promote or develop opportunities for the use of science and technology to advance the conservation of the environment, caves, or other natural resources; and (iii) raise funds for the conservation of the environment. caves, or other natural resources or provide grant opportunities to other nonprofit organizations that are devoted to such conservation efforts;
- Type 14. An organization that is exempt from income tax pursuant to § 501(c)(3) of the Internal Revenue Code that manages a museum that is operated, and has always been operated, exclusively for the purposes of musical heritage and the legacy of the "1927 Bristol Sessions";
- Type 15. An organization (i) established on or before December 31, 1963, as a result of its members being prohibited from joining similar existing organizations because of laws such as the Public Assemblages Act of 1926, which required the racial segregation of all public events in the Commonwealth; (ii) that is exempt from income tax pursuant to § 501(c)(7) of the Internal Revenue Code; and (iii) that is operated, and has always been operated, for community awareness and action through educational, economic, and cultural service activities:
- Type 16. An organization established on or before December 31, 1977, that is exempt from income tax pursuant to § 501(c)(7) of the Internal Revenue Code and is incorporated, in part, to raise funds for donation to organizations whose missions include promoting early detection of and public education about and supporting research and treatment options for heart disease and various cancers;
- Type 17. A local chamber of commerce; or

Rev 7/23

Type 18. Any other nonprofit organization that is exempt from income tax pursuant to § 501(c) of the Internal Revenue Code and that raises funds by conducting raffles, bingo, instant bingo, pull tabs, or seal cards that generate annual gross receipts of \$40,000 or less, provided that such gross receipts, less expenses and prizes, are used exclusively for charitable, educational, religious, or community purposes. Notwithstanding § 18.2-340.26:1, proceeds from instant bingo, pull tabs, and seal cards shall be included when calculating an organization's annual gross receipts for the purposes of this subdivision.

> Charitable Gaming Permit Application (New Applicant Only) Page 15 of 17

Form 201-N

#### STANDALONE RAFFLE REQUIREMENTS

Information/questions in this particular section must be completed/answered in its entirety for each standalone raffle, if the organization intends to conduct a standalone raffle outside of a bingo session. Organizations are responsible for ensuring their compliance with all State and Federal laws when conducting its standalone raffle activities.

#### RAFFLE TICKETS

(Attach a sample copy of each standalone raffle ticket.)

Each raffle ticket must conform to the requirements of 11VAC20-20-140 (C) of the Charitable Gaming Regulations, including, but not limited to, raffle tickets being sequentially numbered and having a detachable section, with one portion going to the seller and the other portion to the purchaser.

| The portion that goes to the <i>Purchaser</i> must include, but is not limited to:   |
|--|
| The ticket number. The selling price of each ticket. The prize(s) to be awarded.     |
| The date, time, and name/address of thephysicalThe physical location of the drawing. |
| The name, address and telephonenumber of the organization.                           |
| The charitable gaming permit number (after issuance by the Department).              |
|  |

NOTE: Raffle tickets may not be printed until the organization is authorized in writing to do so by OCRP.

#### RAFFLE NARRATIVE

(Please use a separate sheet to answer the following questions.)

Please provide a written narrative describing how the organization will conduct the raffle. Please be very specific and detailed. This narrative must include, but is not limited to, the following:

#### Part I - Scope and Purpose of Raffle

- a. How many raffle tickets will be printed?
- b. How much will each raffle ticket cost?
- c. What are the anticipated gross receipts (Multiply Line A by Line B)
- d. What will happen if the raffle is not successful such as not all of the tickets are sold to pay for the raffle prize?
- e. Attach a copy of the rules of play that will govern each standalone raffle, as required by guestion 25 on the application. Please explain how raffle ticket purchasers will receive these rules?
- f. For all prizes identified in quesiton 27c of the application, please provide a letter of intent from the individual/business from which the prize is being purchased/donated stating the (i) terms and conditions of the transaction(s), if any and (ii) the fair market value of the prize. This letter from a business needs to be written on the business letterhead, signed and dated from an authorized person. If the organization already owns the prize, which is not a motor vehicle, motorcycle, boat, or trailer, then please provide confirmation of its posession of the prize and/or receipt. If the organization already owns the prize, which is a motor vehicle, motorcycle, boat or trailer, then please provide a copy of the original bill of sale or title.

#### Part 2 - Sales Distribution

- a. How will the money from the sales of raffle tickets be controlled; accounted for; and collected from purchasers and sellers?
- b. How will the distribution and the selling of raffle tickets be handled?
- c. Pursuant to 11VAC20-20-90 (C) of the Charitable Gaming Regulations, it states, "[w]inning tickets and unsold tickets shall be maintained for three years following the close of the fiscal year." As such, does the organization intend to collect unsold raffle tickets from sellers and where does it intend to store these unsold and winning raffle tickets during this three year time frame?
- d. Please provide any other information pertinent to the sales distribution of the raffle tickets.

#### Part 3 - Drawing Process and Prize Winners

- a. Who will conduct the raffle drawing?
- b. Describe the drawing process.
- c. If applicable, provide a copy of the current lease that authorizes the organization to use the facility in the conduct of the drawing for its raffle, as required by question 27i of the application.
- d. How will the prizes be distributed? Does the winner need to be present? How many days does the winner have to claim the prize? What happens if the winner does not claim the prize?
- e. Please provide any other information pertinent to the drawing process and/or prize winners of the raffle ticket.

#### **ANNUAL PAPER PULL-TAB EVENT REQUIREMENTS**

Information/questions in this particular section must be completed/answered in its entirety for the activity conducted in accordance with § 18.2-340.26:2 of the *Code of Virginia*. Organizations are responsible for ensuring their compliance with all State and Federal laws when conducting its annual paper pull-tab event.

#### STATUTORY REQUIREMENTS

In accordance § 18.2-340.16 of the *Code of Virginia*, it defines organization, in part as "[a]n athletic association or booster club or a band booster club established solely to raise funds for school-sponsored athletic or band activities for a public school or private school accredited pursuant to § 22.1-19 or to provide scholarships to students attending such school."

In accordance with § 18.2-340.26:2 of the *Code of Virginia*, it provides that "[a]s a part of its annual fund-raising event, any qualified organization that is an athletic association or booster club or a band booster club may sell instant bingo, pull tabs, or seal cards provided that (i) the sale is limited to a single event in a calendar year and (ii) the event is open to the public."

An organization, as reference above must meet the requirements of an athletic association or booster club or a band booster club and all of the requirements under § 18.2-340.26:2 of the *Code of Virginia* prior to submitting an application to obtain a charitable gaming permit in order to conduct its annual paper pull-tab event.

#### **ACTIVITY REQUIREMENTS**

- 1. The organization must have a valid charitable gaming permit issued by OCRP.
- 2. Provide a copy of the rules of play that will be utilized in the conduct of the annual paper pull-tab event.
- 3. Provide the name of all individuals and/or suppliers from whom the organization anticipates obtaining the deals of paper instant bingo, pull-tabs or seal cards to your organization for its annual paper pull-tab event.
- 4. If applicable, provide a copy of the current lease that authorizes the organization to use the facility in the conduct of the drawing for its annual paper pull-tabs event, as required by question 30b of the application.
- 5. Provide a narrative describing the annual paper pull-tab event.
- 6. The qualified organization must ensure compliance with following requirements while conducting the annual paper pull-tab event:
  - a. In accordance with § 18.2-340.26:2 of the *Code of Virginia*, it requires the paper instant bingo, pull-tabs or seal cards to be sold only as part of a single annual fund-raising event that occurs once a calendar year.
  - b. The organization cannot conduct paper instant bingo, pull tab, or seal card activities on any day, at any time, or at any other premise(s) not specified on the organization's charitable gaming permit.
  - c. The organization cannot conduct any other charitable gaming activity at its annual paper pull-tab event, including, but not limited to, bingo, 50/50 raffles, basket bingo, etc., unless it is specified on the organization's charitable gaming permit.
  - d. The event must be open to the public as required by § 18.2-340.26:2 of the Code of Virginia .
  - The charitable gaming permit and the flare for each deal of paper instant bingo, pull-tab or seal card must be prominently posted.
  - f. No paper instant bingo, pull tab or seal card may be sold at a price different from the price printed on the ticket by the manufacturer on either the instant bingo, pull tab, seal card or flare.
  - g. The organization must purchase all deals of paper instant bingo, pull tabs or seal cards from a licensed charitable gaming supplier.
  - h. The invoice for each paper instant bingo, pull tab or seal card being offered for sale or sold during the referenced annual paper pull-tab event shall be on the premises at all times listed on the permit.
  - Winning paper instant bingo, pull tab or seal card tickets shall only be redeemed at the date/time/location indicated on the organization's charitable gaming permit.
  - j. No paper instant bingo, pull tab or seal card ticket shall be provided or sold to any person under 18 years of age. No individual under 18 years of age shall play or redeem any paper instant bingo, pull tab or seal card ticket.
  - k. All paper instant bingo, pull tab, and seal card supplies utilized at the referenced annual fund-raising event shall be paid for only by check drawn on the organization's charitable gaming account. All monies related to the annual paper pull-tab event must be deposited into the organization's charitable gaming account within two business days after the conclusion of the event
  - I. All recordkeeping requirements and financial report requirements under the §18.2-340.16 et seq. of the *Code of Virginia* and the Charitable Gaming Regulations must be adhered to.
  - m. All unsold paper instant bingo, pull tab, and seal card games shall be inventoried at the close of the annual paper pull-tab event, and held in accordance with § 18.2-340.16 et seq. of the *Code of Virginia* and the Charitable Gaming Regulations.