



Form 1A: Application for Registration and Identification Number

Date of Application: ____/____/____

Check the type of program(s) you are applying for: ___ Bell Jar ___ Casino Nights ___ Raffles ___ Bingo

Check appropriate box: New ___ Update ___ Assisting Only ___

1. Name of organization: _____

2. Physical street address of organization (cannot be a PO Box):

Street Address City/Town/Village State Zip Code

3. Mailing Address (if different from physical address):

Street Address City/Town/Village State Zip Code

4. Municipality and County in which the organization is physically located.

CITY / TOWN / VILLAGE (Please circle one)

Name of Municipality

Name of County

5. Date the applicant organization was formally organized: ____/____/____

Note: An organization must be in existence for a minimum of one year prior to applying for games of chance and one year for bingo.

6. Has a games of chance identification number ever been issued to the organization? ___ Yes ___ No

If yes, list the identification number: GC _____-_____-_____-_____

7. Has a bingo identification number ever been issued to the organization? ___ Yes ___ No

If yes, list the identification number: BC _____-_____-_____-_____

8. State the type of organization (i.e. religious, educational, veterans, etc.): _____

9. Has the organization ever been known by another name? _____ Yes _____ No

If yes, state name and address:

<i>Name</i>	<i>Street Address</i>	<i>City/Town/Village</i>	<i>State</i>	<i>Zip Code</i>
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10. Is the organization incorporated? _____ Yes _____ No

11. How many members are there in your governing body? _____

12. Will the organization conduct games of chance (including raffles) and/or bingo on its own premise?
Yes _____ No _____ If not, indicate the name and address of premise to be used:

<i>Name</i>	<i>Street Address</i>	<i>City/Town/Village</i>	<i>State</i>	<i>Zip Code</i>
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13. Please list the name of the licensed games of chance/bingo supplier from whom the organization intends to purchase/lease its supplies and equipment (**this does not include raffle tickets**).

<i>Name</i>	<i>Street Address</i>	<i>City/Town/Village</i>	<i>State</i>	<i>Zip Code</i>
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ATTACH ONE COPY OF EACH OF THE FOLLOWING:

- **If incorporated: provide a copy of the articles of incorporation and by-laws;**
- **If unincorporated: provide a copy of the constitution and by-laws;**
- **If the organization has a charter provide a copy;**
- **Please provide a list of the names and addresses of the members of the governing body including titles.**

I swear (or affirm) that the information and statements contained herein have been examined by me and to the best of my knowledge and believe are true, correct and complete.

<i>Print Name and Title of the Head of the Organization</i>	<i>Home Mailing Address of the Head of the Organization</i>
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<i>Signature of the Head of the Organization</i>	<i>Phone Number of the Head of the Organization</i>
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Organizations that wish to conduct Bell Jars, Raffles, Las Vegas Nights and/or Bingo must register with the *Division of Charitable Gaming* to secure an identification number (I.D.) prior to the issuance of a license by the municipal clerk. *Please note that your event should not be scheduled until the organization has received approval from the NYS Gaming Commission.*

**PLEASE REVIEW THE GUIDELINES FOR RUNNING RAFFLES ON OUR WEBSITE
PRIOR TO APPLYING FOR AN IDENTIFICATION NUMBER.
THERE IS NO CHARGE FOR THE REGISTRATION PROCESS.**

Process For Registering Your Organization:

Step #1: Complete the Form 1A (Application for Registration and Identification Number) marking the appropriate box for “new” and the programs(s) to be conducted.

Step #2: Mail the completed original application and one photocopy, along with one set of the required supporting documents (see Form 1A for a description of the supporting documents required) to the address below to the attention of the *Division of Charitable Gaming*. Please retain a copy for your records. *Please note that if any one of the required documents are omitted from the package it will delay the processing.*

If the organization intends to utilize members of an auxiliary or affiliated organization to assist in the conduct of licensed games of chance and/or bingo, the auxiliary or affiliate must obtain its own identification number from the Commission.

Process for Updating Your Organization’s Registration Number:

Step #1: Complete the Form 1A (Application for Registration and Identification Number) marking the appropriate box for “update” and the programs to be conducted.

Step #2: Mail the completed original application and one photocopy to the *Division of Charitable Gaming* at the address below. Keep in mind that the required supporting documents listed on the last page of the application does not need to be included when updating the registration number.

All applicable forms, rules and regulations pertaining to the conduct of charitable gaming are available on the Charitable Gaming section of the Commission’s website at www.gaming.ny.gov.