GC-2A

APPLICATION FOR GAMES OF CHANCE LICENSE



NYS RACING & WAGERING BOARD 1 Watervliet Ave. Ext., Suite 2 Albany, NY 12206-1668

elephone (518) 453-8460 l ww.racing.state.ny.us	Fax (518) 453-8492		ACPLISION.
www.aemg.sace.ny.as	TITITI		
Name of Organiza	ation		
GC			/
NYS Identification	on Number	Date	
CHEDULE 1:		OFFICERS AND DIRECTORS	
t names, addresses and dates or rganization is a corporation, or	or an incorporated or unincorporated	orated association, list officers and directors.	
TITLE	NAME	DATE OF BIRTH STREET ADDRES	S CITY ZIP
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CHEDULE 2:		MBERS IN CHARGE OF GAMES LEAST FOUR MEMBERS OF APPLICANT ORGANIZATION)	
	DATE	YEARS OF	
NAME	OF BIRTH	MEMBERSHIP STREET ADDRESS	CITY ZIP
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CHEDITE 2. AT	INCIDENT A IDAZIA EZERT I	ATE ODC ANIZATIONS ASSISTING AS	r camee
CHEDULE 3: AU (MAXIMUM	OAILIAK Y/AFFILI OF 2 AUXILIARIES/AFFILI	ATE ORGANIZATIONS ASSISTING AT ATES. EACH AUXILIARY/AFFILIATE LISTED MUST HAVE I	TS OWN ID NUMBER.)
NAME OF A	UXILIARY/AFFILIA	ATE GAMES OF CHANCE ID NUMB	BER
			Management of the Control of the Con
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SCHEDULE 4: ASSISTANTS TO MEMBERS IN CHARGE OF GAMES

List all members of applicant organization and members of authorized affiliates and auxiliary who will assist with games. Each person listed must be a member of applicant organization or affiliate for at least 1 year.

VEARS OF

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MEMBER NAME	DATE OF BIRTH	MEMBERSI	HIP STREET	ADDRESS	CITY		ZIP
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Attach additional sheet if necessary.