

14. Does the applicant organization own or lease its premise? (circle one) **OWN / LEASE**

15. Will the applicant organization conduct games of chance Yes No and/or bingo Yes No on its own premises? Yes No If not, list the name and address of the premises to be used:

Name Street Address City State Zip

NOTE: An organization is limited to the location where games of chance/bingo can be conducted. Please review the games of chance/bingo rules and regulations regarding authorized locations available on our website at www.racing.state.ny.us

16. Please list the name of the licensed games of chance/bingo supplier where the organization intends to purchase/lease its equipment from:

NOTE: This does not include raffle tickets.

ATTACH ONE COPY OF EACH OF THE FOLLOWING:

- 1 - If incorporated: provide a copy of the articles of incorporation and by-laws;
If not incorporated: provide a copy of the constitution and by-laws;
- 2 - If the organization has a charter, please include a copy;
- 3 - 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 belief are true, correct and complete.

Head of the Organization Signature

Head of the Organization Home Mailing Address

Head of the Organization Print

Head of the Organization Home Phone Number

STATE OF NEW YORK
 COUNTY OF _____
 CITY/TOWN/VILLAGE OF _____

} SS

_____ being duly sworn deposes and says that (s)he is the person above named, that (s)he has read the foregoing statement and the answer therein noted, and that such answers are true and that (s)he has personally affixed his (her) signature to this affidavit.

Sworn to before me this _____ day of _____, 20____ Signed _____

Notary Public

Commissioner of Deeds

My Commission expires _____, 20____

