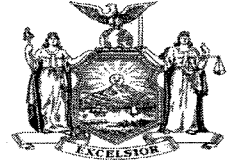


GC-2B

APPLICATION FOR GAMES OF CHANCE LICENSE

NYS RACING & WAGERING BOARD
 1 Watervliet Ave. Ext., Suite 2
 Albany, NY 12206-1668
 Telephone (518) 453-8460 Fax (518) 453-8492
 www.racing.state.ny.us



Name of Organization
GC- <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> - <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> - <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> - <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> / <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> / <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>
NYS Identification Number Date

SCHEDULE 5 DATES, HOURS AND RENT OF ALL LICENSE PERIODS TO BE HELD
 (NOT APPLICABLE FOR BELL JAR GAMES)

DATE	HOURS	RENT
___/___/___	___:___ am/pm - ___:___ am/pm	\$ _____
___/___/___	___:___ am/pm - ___:___ am/pm	\$ _____
___/___/___	___:___ am/pm - ___:___ am/pm	\$ _____
___/___/___	___:___ am/pm - ___:___ am/pm	\$ _____
___/___/___	___:___ am/pm - ___:___ am/pm	\$ _____
___/___/___	___:___ am/pm - ___:___ am/pm	\$ _____
___/___/___	___:___ am/pm - ___:___ am/pm	\$ _____
___/___/___	___:___ am/pm - ___:___ am/pm	\$ _____
___/___/___	___:___ am/pm - ___:___ am/pm	\$ _____
___/___/___	___:___ am/pm - ___:___ am/pm	\$ _____
___/___/___	___:___ am/pm - ___:___ am/pm	\$ _____
___/___/___	___:___ am/pm - ___:___ am/pm	\$ _____
___/___/___	___:___ am/pm - ___:___ am/pm	\$ _____
___/___/___	___:___ am/pm - ___:___ am/pm	\$ _____
___/___/___	___:___ am/pm - ___:___ am/pm	\$ _____

RAFFLES

DATE	TIME	PRIZES (Cash or Fair Market Value of Merchandise)
___/___/___	___:___ am/pm - ___:___ am/pm	\$ _____
___/___/___	___:___ am/pm - ___:___ am/pm	\$ _____
___/___/___	___:___ am/pm - ___:___ am/pm	\$ _____
___/___/___	___:___ am/pm - ___:___ am/pm	\$ _____
___/___/___	___:___ am/pm - ___:___ am/pm	\$ _____

SCHEDULE 6 EXPENSES

List items of expense to be incurred, and the names and addresses of persons to be paid.

ITEM OF EXPENSE	VENDOR NAME	STREET ADDRESS	CITY	STATE	ZIP

SCHEDULE 7

TYPES OF GAMES

List all of the single types of games to be conducted at all license periods enumerated in Schedule 5.

Note for Vegas Nights and Bazaars only: The total amount of prizes during any one license period shall not aggregate more than \$400 for each single type of game of chance when five types of games of chance are to be conducted during any one license period. The total amount of prizes during any one license period shall not aggregate more than \$500 for each single type of games of chance when less than five single types of games of chance are to be conducted during any one license period.

LIST NAME OF EACH TYPE OF
GAME OF CHANCE
(Limit: 5 Games)

LIST THE MAXIMUM AMOUNT OF PRIZES
TO BE AWARDED FOR EACH TYPE OF
GAME OF CHANCE (GAME BANK)

_____	at	\$ _____
_____	at	\$ _____
_____	at	\$ _____
_____	at	\$ _____
_____	at	\$ _____

For Merchandise Wheels, Bell Jars and Raffles, please complete the appropriate spaces below.

MERCHANDISE WHEELS:

INDICATE NUMBER OF
MERCHANDISE WHEELS
(NO LIMIT)

THE TOTAL AMOUNT OF PRIZES FOR
EACH MERCHANDISE WHEEL SHALL
NOT EXCEED \$10,000 AND NO SINGLE
PRIZE SHALL EXCEED \$250

BELL JAR:

INDICATE IF THIS APPLICATION
IS FOR A BELL JAR
LICENSE

YES NO

THE TOTAL AMOUNT OF PAYOUTS
FOR EACH BELL JAR DEAL SHALL NOT
EXCEED \$3,000 AND NO SINGLE PRIZE
SHALL EXCEED \$500

RAFFLES:

INDICATE IF THIS APPLICATION
IS FOR A RAFFLE
LICENSE

YES NO

IF YES, LIST RAFFLE DATES, TIME(S)
OF DRAWING(S) AND PRIZES IN
SCHEDULE 5

THE TOTAL AMOUNT OF PRIZES FOR
ALL THE RAFFLES CONDUCTED DUR-
ING THIS CALENDAR YEAR SHALL
NOT EXCEED \$100,000. NO SINGLE
PRIZE SHALL EXCEED \$50,000
EXCEPT THAT A SINGLE PRIZE OF
\$100,000 MAY BE AWARDED IF SO
INDICATED IN SCHEDULE 5

