RHODE ISLAND STATE POLICE
Charitable Gaming Unit
311 Danielson Pike, N. Scituate, RI 02857-1907
Telephone: (401) 444- 1147; Fax 444-1097
http://www.risp.ri.gov/sectionsandunits/charitablegaming

Steven G. O'Donnell
Colonel
Superintendent

APPLICATION FOR CHARITABLE ORGANIZATIONS REQUESTING GAMES OF CHANCE
$5.00 APPLICATION FEE REQUIRED (Make check or money order payable to RI State Police)

ALL APPLICATIONS, AND THE $5 APPLICATION FEE, ARE TO BE SUBMITTED TO THE LOCAL CITY/TOWN POLICE DEPARTMENT WHERE THE DRAWING IS TO BE HELD, (with the exception of PROVIDENCE - PROVIDENCE EVENTS ARE TO BE SUBMITTED TO THE PROVIDENCE CITY HALL BOARD OF LICENSES.)

NAME/ADDRESS OF APPLYING ORGANIZATION_____

_____

DATE OF APPLICATION_____   ORGANIZATION PHONE NUMBER_____

FULL NAME, ADDRESS, ZIP CODE, BIRTH DATE, AND HOME TELEPHONE NUMBER OF

PERSON APPLYING_____

_____

CHECK TYPE OF LICENSE BEING REQUESTED

☐ **RAFFLE: Amt of tickets to be sold** _____ **Price per Ticket**_____

Prizes to be Awarded_____

☐ **WEEK CLUB: # of Weeks**_____ **Amt of tickets to be sold** _____ **Price per ticket**_____

Prizes & Projected breakdown of expenses_____

_____

TYPE OF ORG. APPLYING:
☐Religious ☐Civic ☐Fraternal ☐Educational ☐Veterans ☐Other: _____

DOES ORGANIZATION HAVE STATE CHARTER AS A NON-PROFIT ORGANIZATION?_____

ADDRESS WHERE DRAWING WILL BE HELD_____
(Include street number, as well as name & city)

DATE(S) OF FUNCTION/DRAWING:_____ Date Tickets will go on Sale_____

TIME OF FUNCTION/DRAWING: From_____ To_____

LIST DISTRIBUTION/USE OF PROCEEDS RECEIVED FROM EVENT :
(Please be specific – must be for charity/charitable purpose)

LIST OF MEMBERS WHO WILL BE OPERATING, MANAGING, SUPERVISING, AND/OR RUNNING THE GAME OF CHANCE:

NAME   ADDRESS   DATE OF BIRTH

_____

_____

_____

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<center>* * * * * * * * * * * * * * * * *</center>

THE ORGANIZATION I AM REPRESENTING AND I, HEREAFTER REFERRED TO AS THE APPLYING ORGANIZATION, AGREE TO ABIDE BY THE REGULATIONS SET FORTH BELOW AND REALIZE THAT ANY DEVIATION FROM THESE REGULATIONS COULD RESULT IN VIOLATION OF THE LAW AND PROSECUTION BY THE STATE OF RHODE ISLAND.

1. **All games of chance will be managed, supervised, operated and controlled by permanent members of the applying organization.**

2. **The services of outside promoters or persons not permanent members of the applying organization will not be employed or used in any way in the managing, operating, supervising or controlling of games of chance.**

3. **The applying organization will not allow outside promoters or persons not permanent members of the applying organization to become members of the applying organization for the purpose of managing, supervising, operating or controlling games of chance.**

4. **The applying organization will not seek the advice of outside promoters in the managing, supervising, operating or controlling of games of chance.**

5. **The applying organization will not knowingly allow outside promoters on the premises while the organization is preparing for, conducting or concluding this function involving games of chance.**

6. **The aforementioned persons who are bona fide members of the applying organization and who will be controlling, operating, supervising and managing said games of chance have been individually and personally informed about the Rules and Regulations governing said Games of Chance and have agreed to comply strictly with said rules.**

7. **It is clearly understood that within sixty (60) days after completion of this function a complete financial report, including itemization of gross receipts, total expenses, net profit, copies of canceled checks showing to which charity or charities the proceeds were sent, and mail same to the Rhode Island State Police, Charitable Gaming Unit, 311 Danielson Pike, North Scituate, RI 02857.**

8. **Application must be submitted to the <u>local police department</u> at least sixty (60) days prior to the date of function.**

   I hereby acknowledge that I have read, understand and will abide by the above terms and conditions.

_____

FULL SIGNATURE OF APPLICANT

☐ I DO   ☐ DO NOT
RECOMMEND THE ABOVE NAMED AS A SUITABLE PERSON TO RECEIVE THIS LICENSE.

_____

Chief of Police

_____

City/Town