

# ANNUAL CHARITY GAME TICKET LICENSE & CHAIRPERSON CHANGE

Complete this form and return to the address listed above to change the information on the Annual Charity Game Ticket License Application currently on file with the Michigan Lottery.

**PLEASE PRINT OR TYPE  
 IN BLUE OR BLACK INK.**

Organization Name	Organization ID Number	License Number
-------------------	------------------------	----------------

**CHANGE CONTACT PERSON AND LICENSE MAILING ADDRESS**

Name	Street Address	Telephone Number (Day) (     )
City	State, ZIP Code	Telephone Number (Evening) (     )

**CHANGE ANNUAL CHARITY GAME TICKET LOCATION**

Effective Date	New Location Telephone Number (     )	
New building name, if any		
Street Address		
City	ZIP Code	County
		Is the location where the tickets will be sold: a. Owned and operated by the qualified organization for the regular use of its members? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Rented or leased on a continual basis for the regular use of its members? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please enclose a copy of your rental agreement.)

**ANNUAL CHARITY GAME TICKET TRAINING VIDEO CERTIFICATION REMINDER**

As the principal officer of this organization, by signing below, I certify that I have viewed all four annual charity game ticket training videos and that ALL chairpersons and record keepers associated with this license will view, understand, and abide by the rules, regulations, and information provided in these videos before performing any duties as a chairperson or record keeper. I will contact my inspector for assistance if I have questions or need additional training. I acknowledge, understand, and accept my responsibility as stated here and I further acknowledge that if I fail to carry out these responsibilities it may prevent the issuance of further licenses.

**ADD CHAIRPERSONS**

List name, home address, and telephone numbers of each chairperson to be added. (Must be member for 6 months.)

Name	Street Address	Telephone Number (Day) (     )
City	State, ZIP Code	Telephone Number (Evening) (     )
Name	Street Address	Telephone Number (Day) (     )
City	State, ZIP Code	Telephone Number (Evening) (     )
Name	Street Address	Telephone Number (Day) (     )
City	State, ZIP Code	Telephone Number (Evening) (     )

Attach additional sheets if necessary.

**REMOVE CHAIRPERSONS**

List the name of each chairperson to be removed.

Name	Name
Name	Name

Signature of Principal Officer	Print Name	Title	Date
--------------------------------	------------	-------	------

**PLEASE MAKE A COPY OF THE COMPLETED FORM FOR YOUR RECORDS**



COMPLETION: Required.  
 PENALTY: Violation of rules.