



Charitable Gaming Division
 Box 30023, Lansing, MI 48909
OVERNIGHT DELIVERY:
 101 E. Hillsdale, Lansing MI 48933
 (517) 335-5780
 www.michigan.gov/cg

ANNUAL CHARITY GAME TICKET LICENSE APPLICATION

For Bureau Use Only

PLEASE PRINT OR TYPE IN BLUE OR BLACK INK.

Q U A L I F I C A T I O N I N F O R M A T I O N	1. Organization Name			2. Organization ID Number or Last License Number Issued
	3. Organization Address			
	City	State	ZIP Code	County
4. Has your organization ever received a license such as bingo, raffle or charity game ticket?				
<input type="checkbox"/> Yes - Complete the application and submit with the appropriate fee. You may be required to submit qualification information for this license even if you have previously qualified.				
<input type="checkbox"/> No - You must submit the documentation requested on the Qualification Requirements sheet and become qualified before any licenses will be issued. The Qualification Requirements sheet can be obtained from our website at www.michigan.gov/cg or by calling our office at (517) 335-5780.				
5. Is your organization a candidate committee, political committee, political party committee, ballot question committee, independent committee or any other committee as defined by, and organized pursuant to, the Michigan Campaign Finance Act 388 of the Public Acts of 1976, as amended, being sections 169.201 to 169.282 of the Michigan Compiled Laws?			6. Has your organization received contributions or made expenditures of \$500 or more in the last calendar year for the purpose of influencing or attempting to influence the action of voters for or against the nomination or election of a candidate, or the qualification, passage, or defeat of a ballot question?	
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	

7. ANNUAL CHARITY GAME TICKET TRAINING VIDEO CERTIFICATION

<div style="border: 1px solid black; width: 80px; height: 30px; margin: 0 auto;"></div> INITIAL HERE	As the principal officer of this organization, by initialing here, 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 responsibilities as stated here and I further acknowledge that if I fail to carry out these responsibilities it may prevent the issuance of further licenses.
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O R G A N I Z A T I O N O F F I C E R S	8. List name, title, home address, and telephone numbers of the principal officer, e.g., president, grand knight, commander, etc., and other officers of the organization. (Attach additional sheets if necessary.)		
	Name and Title	Street, City, State, ZIP Code	Telephone Numbers
	Principal Officer		Day ()
	Title		Evening ()
	Vice President or Equivalent		Day ()
	Title		Evening ()
	Other Officer		Day ()
	Title		Evening ()
	Other Officer		Day ()
	Title		Evening ()

S I G N A T U R E S	9. I CERTIFY that I am at least 18 years of age, the organization applying is a NONPROFIT organization, I have examined this application, and initialed #7 above, and there is no misrepresentation or falsification in the information stated or attached, and the facts underlying our original qualification status remain unchanged. I FURTHER CERTIFY that I am aware that false or misleading statements will be cause for rejection of this application or revocation of the right to obtain any future licenses and I AM AWARE OF AND AGREE TO the conditions of Act 382 of the Public Acts of 1972, as amended, and the rules and directives of the Michigan Bureau of State Lottery.			
	Signature of the PRINCIPAL officer, e.g., president, grand knight, commander, etc. NOTE: Executive director signature not acceptable.			
	Signature	Print Name	Title	Date

COMPLETE THE ENTIRE FRONT AND BACK OF THE APPLICATION AND MAKE A COPY FOR YOUR RECORDS



COMPLETION: Required for licensure.
 PENALTY: No license will be issued.

C H A R I T Y G A M E T I C K E T I N F O R M A T I O N	10. Contact Person		11. Location Where Charity Game Tickets Will Be Sold		
	Mailing Address Where License Should Be Sent		Street Address		
	City		City	ZIP Code	
	Telephone Number (Day) ()	Telephone Number (Evening) ()	Location Telephone Number ()	County	
	12. 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.)		13. License Fee: <div style="border: 1px solid black; width: 100px; margin: 0 auto; text-align: center; padding: 5px;">\$200</div> <p style="text-align: center;">Make checks payable to: STATE OF MICHIGAN</p>		
	14. List name, home address, and telephone numbers of the charity game ticket chairperson(s). Must be member for 6 months. Attach additional list if necessary.				
	Charity Game Ticket Chairperson		Street, City, State, ZIP Code		Telephone Numbers
	Name				Day ()
					Evening ()
	Name				Day ()
					Evening ()
	Name				Day ()
					Evening ()
	Name				Day ()
Evening ()					

Make checks payable to: STATE OF MICHIGAN
 Submit completed application, supporting documents, and license fee to:
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