

## ANNUAL CHARITY GAME TICKET LICENSE APPLICATION

For Bureau Use Only	

## PLEASE PRINT OR TYPE IN BLUE OR BLACK INK

Licanse Number Issued    City				PLEASE PRIN	I OR ITPE IN BLU	_			
3. Organization Address  City  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.  No - You must submit the documentation requested on the Qualification Requirements sheet and become qualified before any idensess will be issued. The Qualification Requirements sheet and become qualified before any idensess will be issued. The Qualification Requirements sheet and become qualified before any idensess will be issued. The Qualification Requirements sheet and become qualified before any idenses will be issued. The Qualification Requirements sheet and become qualified before any idenses will be issued. The Qualification Requirements sheet and become qualified before any idenses will be issued. The Qualification Requirements sheet and become qualified before any idenses will be issued. The Qualification committee, of the purpose of the purpose of the purpose of the feedings and purpose of the purpose of the purpose of influencing any of the part of the purpose of influencing any of the programments as defined by and organization to, the Michigan Compiled Lawrs?  Yes Now 1978, as mended, being section 1982/21 to 1582/21	U	Organization Name							
City  City  City  City  Complete the application and submit with the appropriate fee. You may be required to submit qualification information for this license even if you have required to submit qualification information for this license even if you have required to submit qualification information for this license even if you have required to submit qualification information for this license even if you have required to submit qualification information for this license even if you have required to submit qualification for the license will be issued. The consideration of the consideration o	Ļ	3. Organization Address							
Less your organization ever received a licenses such as bingo, raffle or charity game ticket?   Sec. 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.   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 and become qualified before any licenses will be issued. The Qualification Requirements sheet and become qualified before any licenses will be issued. The Qualification Requirements sheet and become qualified before any licenses will be issued. The Qualification Requirements sheet and become qualified before any licenses will be issued. The Qualification Requirements sheet and become qualified before any licenses will be issued. The Qualification Requirements sheet and become qualified before any licenses will be issued. The Qualification Requirements sheet and become qualified before any licenses will be issued. The Qualification Requirements sheet and become qualified before any licenses will be issued. The Qualification Requirements sheet and become qualified before any licenses will be issued. The Qualification Requirements sheet and become qualified before on the purpose of influence by any displaced to the purpose of influence the purpose of influence by any displaced to the purpose of influence the purpose of influence they are displaced to the purpose of influence or displaced to the purpose of influence the purpose of influence they are displaced to the purpose of influence or displaced to the purpose of influence they are displaced to the purpose of influence or displaced to the purpose or displaced to the purpose or displaced to the purpose or disp	C A	City	State	ZIP Code	County				
vec - 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.   No - You must submit the documentation requested on the Qualification Requirements sheet and become gualified 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.   Submit of the properties of t	Ţ	4. Hos your organization over received a license such as hinge, raffle or charity game ticket?							
No - Out miss some the decimentation requirements sheet and be obtained from our vebsite at warw.michigan.goving or by calling our folice at (S17) 355-9780.		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							
Signature of the Principal Officer   Signature of the Principal Officer   Signature of the Signature of th	N F	No - You must submit the documentation requested on the Qualification Requirements sheet and become qualified before any licenses will be issued. The							
7. ANNUAL CHARITY GAME TICKET TRAINING VIDEO CERTIFICATION  As the principal officer of the organization by initiating here, I certify that I have viewed all four annual charity game ticket training videos and that ALL hardspressors and record keepers associated with this license will view, understand, and abide by the rules, regulations, and information provided in the videos before performing and videos as charapterson or record keepers will view, understand, and abide by the rules, regulations, and information provided in the videos before performing and videos as charapterson or record keeper. I will contact my inspector for assistance if I have questions or need additional transport of understand, and accept my responsibilities as stated here and I further acknowledge that if I fail to carry out these responsibilities as stated here and I further acknowledge that if I fail to carry out these responsibilities as stated here and I further acknowledge that if I fail to carry out these responsibilities as stated here and I further acknowledge that if I fail to carry out these responsibilities as stated here and I further acknowledge that if I fail to carry out these responsibilities as stated here and I further acknowledge that if I fail to carry out these responsibilities as stated here and I further acknowledge that if I fail to carry out these responsibilities.  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.)  8. List name, title, home address, and other officers of the organization of the principal department of the	R M A T	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		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?		pose of influencing against the ation, passage,			
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 the chairpersons and record keepers associated with this license will view, understand, and abide by the rules, regulations, and information provided in the chairpersons and record keepers. I will contact my inspector for assistance if I have questions or need additional rating), a schowledge that if I fail to carry out these responsibility training, I acknowledge that if I fail to carry out these responsibility training, I acknowledge that if I fail to carry out these responsibility training, I acknowledge that if I fail to carry out these responsibility training, I acknowledge that if I fail to carry out these responsibility training, I acknowledge that if I fail to carry out these responsibility training, I acknowledge that if I fail to carry out these responsibility training, I acknowledge that if I fail to carry out these responsibility training, I acknowledge that if I fail to carry out these responsibility training, I acknowledge that if I fail to carry out these responsibility training, I acknowledge that if I fail to carry out these responsibility training, I acknowledge that if I fail to carry out these responsibility training, I acknowledge that if I fail to carry out these responsibility training, I fail to acknowledge that if I fail to carry out these responsibility training, I fail to acknowledge that if I fail to carry out these responsibility training, I fail training, I fail to acknowledge that if I fail to carry out these responsibility training, I fail tr		Yes No			Yes N	lo			
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 licenses will view, understand, and abide by the rules, regulations, and information provided in the 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 responsibility training. I acknowledge understand, and accept my responsibilities as stated here and I further acknowledge that if I fail to carry out these responsibility training. I acknowledge, understand, and accept my responsibilities as stated here and I further acknowledge that if I fail to carry out these responsibility training. I acknowledge understand, and accept my responsibilities as stated here and I further acknowledge that if I fail to carry out these responsibility training. I acknowledge understand, and accept my responsibilities as stated here and I further acknowledge that if I fail to carry out these responsibility training. I fail to carry out these responsibility training. I fail to carry out these responsibility training. I fail to carry out these responsibilities as stated here and I further acknowledge that if I fail to carry out these responsibility training. I fail to carry out these r		NUMBER OF THE PROPERTY OF THE	IFIO ATION						
organization. (Attach additional sheets if necessary.)  Name and Title Street, City, State, ZIP Code Telephone Numbers  Principal Officer Day ( )  Title Evening ( )  Title Evening ( )  Other Officer Day ( )  Title Evening	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								
organization. (Attach additional sheets if necessary.)  Name and Title Street, City, State, ZIP Code Telephone Numbers  Principal Officer  Title Evening ( )  Vice President or Equivalent Day ( )  Title Evening ( )  Title E		List name, title, home address, and telephone numbers	of the principal officer, e.g., president.	grand knight, commander, etc	and other officers of t	the			
Principal Officer    Principal Officer   Day   Company									
Title Evening ( )  Other Officer Day ( )  Title Evening ( )  Other Officer Day ( )  Title Evening ( )  Title Evening ( )  Other Officer Day ( )  Title Evening ( )  Other Officer Day ( )  Title Evening ( )  Other Officer Day ( )  Title Evening ( )  Other Officer Day ( )  Title Evening ( )  Signature of the PRINCIPAL officer, e.g., president, grand knight, commander, etc. NOTE: Executive director signature not acceptable.		Name and Title	Street, City, State, ZIP Code		Telephone	Numbers			
Title    Content of ficer   Cont	٨	Principal Officer			Day				
Title	R				( )				
Vice President or Equivalent   Day ( )	A N	Title			Evening ( )				
Title  Other Officer  Other Officer  Title  Other Officer  Other Officer  Title  Other Officer	z	Vice President or Equivalent			Day				
Other Officer Other Officer Title Other Officer Other Offi	Т				( )				
Other Officer  Day ( )  Title  Some 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 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 real and directives of the Michigan Bureau of State Lottery.  Signature  Print Name  Title  Date	0	Title			Evening				
Title  Other Officer  Day ( )  Title  Signature  Title  Dittle  Evening ( )  Separate A Many Marker of the PRINCIPAL officer, e.g., president, grand knight, commander, etc.  Pittle  Evening ( )  Signature  Fint Name  Evening ( )  Separate A Nonder Officer  Day ( )  Evening ( )  Evening ( )  Separate A Nonder Officer  Day ( )  Evening ( )  Evening ( )  Separate A Nonder Officer  Day ( )  Evening ( )  Separate A Nonder Officer  Bignature of the PRINCIPAL officer, e.g., president, grand knight, commander, etc.  NOTE: Executive director signature not acceptable.  Signature  Date					( )				
Title  Other Officer  Other Officer  Day (  )  Title  Signature  Print Name  Evening (  )  Revening (  )  Day (  )  Day (  )  Evening (  )  Day (  )  Evening (  )  Evening (  )  Bay (  )  Day (  )  Evening (	F F	Other Officer			Day (				
Other Officer  Day ( )  Title  P. 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 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 rule 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	C E	Title			Evening (				
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 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 rule 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		Other Officer			Day				
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 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 rule 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					( )				
#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 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 rule 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   Date		Title			Evening (				
#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 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 rule 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   Date					( )				
Signature of the PRINCIPAL officer, e.g., president, grand knight, commander, etc. NOTE: Executive director signature not acceptable.  Signature Print Name Title Date	I G N A	#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							
E Signature Print Name Title Date	U	Signature of the PRINCIPAL officer, e.g., president, grand knight, commander, etc. NOTE: Executive director signature not acceptable.							
	E	Signature	Print Name	Title		Date			

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



	10. Contact Person		11. Location Where Charity Game Tickets Will Be Sold			
С	Mailing Address Where License Should Be Sent		Street Address			
	City		City		ZIP Code	
	Telephone Number (Day) Telephone	Number (Evening)	Location Telephone Number		County	
H A	12. Is the location where the tickets will be sold:		13. License Fee:			
R I T	a. Owned and operated by the qualified organization for the regular use of its members?					
Ÿ	Yes L			\$200		
G A M E	b. Rented or leased on a continual basis for the regular use of its members?  Yes  No  (If yes, please enclose a copy of your rental agreement.)					
			Make checks payable to: STATE OF MICHIGAN			
T C	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.					
K E T	Charity Game Ticket Chairperson Street, City, St		tate, ZIP Code		Telephone Numbers	
	Name		Day ( )			
N F O				Evening ( )		
R M A	Name			Day ( )		
T			Evening ( )			
	Name Name			Day ( )		
				Evening		
				Day		
				( )		
				Evening (		