

ALCOHOL LAW ENFORCEMENT DIVISION -GAMING LICENSING SECTION
3320 GARNER ROAD
RALEIGH, NORTH CAROLINA 27610
919-733-4060

◆GL-1 GAME NIGHT SPONSOR PERMIT APPLICATION◆

CONDITIONS OF PERMIT

Sponsors - An exempt organization, an employer of 25 or more employees, or a trade association of 25 or more members

Exempt organization – An organization that has been in continuous existence for at least five years and that is exempt from taxation under section 501(c)(3), 501(c)(4), 501(c)(5), or 501(c)(6) of the United States Internal Revenue Code

Prizes – No games at a game night event may be played for cash or a cash prize. Prizes shall be awarded only through a raffle. Participants may exchange chips, markers, or tokens from the game night event for raffle tickets. For purposes of this subsection, the term "cash prize" includes gift cards that are issued by a financial institution or its operating subsidiary and that are usable at multiple unaffiliated sellers of goods or services.

Qualified Facility – A facility that has any of the following permits: a. On-premises malt beverage. b. On-premises unfortified wine. c. On-premises fortified wine. d. Mixed beverages.

This application and \$100 fee must be submitted 30 days in advance of an event

1. Name of Exempt Organization/Employer or Trade Association: _____

2. Administrative Address: Street _____

City: _____ County: _____ State: ____ Zip Code: _____

3. Mailing Address if different from above: Street _____

City: _____ County: _____ State: ____ Zip Code: _____

Select One:

4a. Exempt organization: Federal Tax I.D. Number _____

Exempt organization must include tax documents with application. A copy of the determination letters from the IRS (1-877-829-5500) **and** the North Carolina Department of Revenue (1-877-252-3052) indicating that the organization is exempt and stating the section under which the exemption is granted is required.

4b. Employer or Trade Association: Number of employees or members _____

Only employers and Trade Associations with 25 or more employees or members are authorized to hold game night events.

5. Reason for event: _____

6. Point of contact for event: Name _____ Telephone: (____) _____ - _____

7. Facility information, state below the location of the game night event:

Business name/ABC Outlet Trade Name: _____ ABC File #: _____

Address: Street _____

City: _____ County: _____ State: ____ Zip Code: _____

8. Date, Time and Duration of event: _____

9. Vendor Information. Name and address of the person, firm or corporation who will operate the devices:

Business Name: _____ Vendor Permit Number: _____

Point of contact of Vendor: Name _____ Telephone: (____) _____ - _____

Vendor relationship, if any, to organization holding game night event: _____

10. Please select the types of device(s) that will be used at your event: Roulette Blackjack Poker Craps
Simulated horse race Merchandise wheel of fortune

CERTIFICATE

I certify that all of the information provided in this application is true and accurate to the best of my knowledge and belief, that I have read and understand the foregoing conditions and was provided a copy of the gaming statutes for the State of North Carolina.

Print name of individual applying for permit

Signature and title of officer of organization

Date

Telephone number of organization

Daytime telephone number

County, NC

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document

Name(s) of principal(s)

Date _____
(Official Seal)

Official Signature of Notary

_____, Notary Public
Notary's printed or typed name

My commission expires _____

Game night fee is enclosed: \$100.00 (checks payable to NC ALE-Game Night)

**Mailing address: ALE-Game Night
3320 Garner Road
Raleigh, NC 27610**