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

◆GL-2 GAME NIGHT VENDOR PERMIT APPLICATION◆

CONDITIONS OF PERMIT

<u>Approved devices</u> - The following devices may be provided by any vendor: roulette, blackjack, poker, craps, simulated horse race, and merchandise wheel of fortune.

<u>No cash prizes</u> - No devices at a game night event may be played for cash or a cash prizes. Prizes shall be awarded only through a raffle. Participants may exchange chips, markers, or tokens from the game night event for raffle tickets.

<u>Restrictions on employees</u> - A person, firm, or corporation with a game night vendor permit may not employ a person that meets any of the following disqualifying conditions: (1) Has a conviction for any violation of State or federal gambling laws within the five years prior to the date of employment; (2) Has pending charges for any violation of State or federal gambling laws; (3) Is subject to an active criminal or civil court order prohibiting involvement in gambling activities; (4) Has a conviction for any felony.

<u>Devices</u> - A gaming table or other gaming equipment possessed or transported for use in a game night event must be registered with the Alcohol Law Enforcement Branch of the Department of Public Safety and must have a sticker affixed with a unique number. A fee of twenty-five dollars (\$25.00) shall be charged for each sticker and each sticker shall be renewed annually. The Alcohol Law Enforcement Branch may inspect, without prior notice, any device or other equipment used in a game night event at any time immediately prior to or during the game night event.

This application and \$2,500 fee must be submitted 30 days in advance of an event

1. Owner Name:	2. Permit Number:					
3. Business Name:						
4. Vendor Address: Street						
City:	County:	State:	Zip Code:			
5. Mailing Address if different from above: Street						
City:	County:	State:	_ Zip Code:			
6. Email Address:		7. Telephone	::()			
8. Date of Birth:	9. Social Security Number:					
10. NC Driver's License Nu	mber (a copy must be submit	ted with this appli	ication):			

11. Please provide the following information for all Vendor employees: (you may attach a separate list)

Name	Address	License #
certify that all of the information provided in thi read and understand the foregoing conditions and		te to the best of my knowledge and belief, that I have ming statutes for the state of North Carolina.
Print name of individual applying for permit	Signature and title	Date
County,	-	
I certify that the following person(s) personally ap foregoing document	opeared before me this day, eac	h acknowledging to me that he or she signed the
Name(s) of principal(s)		Official Signature of Notary
Date		, Notary Public
Official Seal)		Notary's printed or typed name My commission expires
Fee is enclosed: \$2,500.00 (money orders o Mailing address: ALE-Game Night	r certified checks make pa	yable to NC ALE-Game Night)

3320 Garner Road Raleigh, NC 27610