



**DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES**

**OFFICE OF CHARITABLE GAMING**

PO Box 526, Richmond, VA 23218

(804) 371-0495

[www.vdacs.virginia.gov](http://www.vdacs.virginia.gov)

**CHARITABLE GAMING PERMIT APPLICATION - NEW APPLICANTS ONLY**

**General Instructions**

- A. Use this application when applying for an initial charitable gaming permit, or if an organization has not held a charitable gaming permit the last two years.
- B. Complete the entire application and all attachments. **DO NOT LEAVE ANY BLANKS.**
- C. Place "N/A" if item is not applicable. **Please type or print all answers.** Do not use pencil.
- D. If needed, attach additional documents or explanation sheets.
- E. Ensure application is signed/dated by the appropriate individual(s).
- F. Enclose a non-refundable \$200 application fee payable to: **Treasurer of Virginia.** Volunteer Fire Departments and Rescue Squads who have been recognized by their locality in accordance with Section 15.2-955 of the Code of Virginia, and who can provide a copy of the ordinance or resolution of the locality, are exempt from the application fee.
- G. Retain a copy for your records.
- H. Mail completed application, applicable fee, and all required attachments to: VDACS, Office of Charitable Gaming, PO Box 526, Richmond, Virginia 23218.
- I. Allow 45 days for processing a **COMPLETE** application. Incomplete applications and not providing applicable attachments will delay the processing.
- J. Ensure that the applicant has included the area code in each instance where a telephone number is requested.

**ORGANIZATION INFORMATION**

1. Organization's Federal Tax Payer Identification Number _____	<b>OCG USE ONLY</b>
2. Organization's Name: _____	
Mailing Address: _____	
City: _____	State: _____ Zip Code: _____ Telephone: _____
Email Address: _____	Web Page: _____
3. Organization's Physical Location: _____	
City: _____	State: _____ Zip Code: _____ Telephone: _____
Contact Person: _____	Title: _____
Contact Person's Daytime Contact Number: _____	Facsimile: _____
Email Address: <u>(Please print)</u> _____	
4. Jurisdiction where the organization regularly meets? _____	
County of: _____	City of: _____
5. Has the organization been in existence and met on a regular basis in the jurisdiction identified in No. 4 for at least three years? If no, please provide an explanation as to where the organization has been domiciled for the last three years. <span style="float: right;"><i>If no, please provide explanation.</i> Yes or No _____</span>	
6. Total No. of Members: _____	Total No. of Virginia Residents: _____
Provide a complete list of members who work in the management and operation of charitable gaming activities, including name, address, and membership date. <span style="float: right;"><i>Membership list attached with all information?</i> Yes or No _____</span>	
7. Provide a signed and dated copy of the organization's Articles of Incorporation, By-Laws, Charter, Constitution, and all other organizing documents. <span style="float: right;"><i>Copy Attached?</i> Yes or No _____</span>	

## ORGANIZATION INFORMATION

8. Provide the month, date and year the organization was formed.	Month/Date/Year						
9. Type of Tax Exempt Status Obtained from IRS (Mark "X" at the Appropriate Box):	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center; border-bottom: 1px solid black;">3</td> <td style="width: 33%; text-align: center; border-bottom: 1px solid black;">4</td> <td style="width: 33%; text-align: center; border-bottom: 1px solid black;">8</td> </tr> <tr> <td style="text-align: center; border: 1px solid black; padding: 2px;"><b>501 (c) TYPE</b></td> <td style="text-align: center; border-bottom: 1px solid black;">19</td> <td style="text-align: center; border-bottom: 1px solid black;">Other - Explain on separate page</td> </tr> </table>	3	4	8	<b>501 (c) TYPE</b>	19	Other - Explain on separate page
3	4	8					
<b>501 (c) TYPE</b>	19	Other - Explain on separate page					
10. Type of Organization - Please place an "X" in the appropriate box.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Veterans _____</td> <td style="width: 33%;">Community _____</td> <td style="width: 33%;">Fraternal _____</td> </tr> <tr> <td>Religious _____</td> <td>Charitable _____</td> <td>Educational _____</td> </tr> </table>	Veterans _____	Community _____	Fraternal _____	Religious _____	Charitable _____	Educational _____
Veterans _____	Community _____	Fraternal _____					
Religious _____	Charitable _____	Educational _____					
Other - Explain: <span style="border: 1px solid black; display: inline-block; width: 200px; height: 20px; vertical-align: middle;"></span>							
11. Date Internal Revenue Service Tax Exempt Status obtained.	Month/Date/Year						
12. <b>ALL APPLICANTS</b> - Provide a copy of the Internal Revenue Service Determination Letter that supports and relates to the organization's 501(c) tax exempt status.	Copy Attached? Yes or No _____						
13. If the organization answered No to Item No. 12, please provide a complete copy of the Internal Revenue Service application for a tax exempt status, including all attachments.	Copy Attached? Yes or No _____						
14. In the last three years, has the organization had a 501(c) status with the Internal Revenue Service revoked or suspended?	If yes, please explain on a separate page. Yes or No _____						
15. Is the organization in compliance with Federal and State law relative to the filing, in the last three tax years, of mandated Federal and State tax returns (i.e., 990, 990EZ, 990T, 990PF, etc.)?	If no, please explain on a separate page. Yes or No _____						
16. Attach a copy of the organization's most recent signed, dated, and filed Internal Revenue Service Tax Form 990, including, but not limited to: Form 990, 990EZ, 990 PF, 990T, or applicable tax return. Submit the tax return that is officially on file with the IRS that bears the date and signature on file with the IRS. If no, please provide the most recent Financial Statements prepared for the organization, including, but not limited to, balance sheet, income and expenditure statement, etc., and provide an explanation as to why the organization has not filed any of the IRS Forms designated above.	Copy attached? Yes or No _____ Copy attached? Yes or No _____						
17. If your organization is a part of or related to a national office of an organization (See Section 18.2-340.24.A.1.(i.), Code of Virginia, 1950, as amended), please provide a letter of good standing from the national organization which indicates that your organization is currently covered by the group exempt ruling. If the national and/or state office has provided this information to the Department for the current year, please select N/A (not applicable). If this is not applicable to your organization, place an "X" in the box.	Copy attached? Yes or No _____ Not Applicable _____						
18. Is your organization recognized as a corporation or a form of limited liability company, as defined by the Code of Virginia, and authorized to do business in Virginia?  If you answered yes to Item No. 18, is the name as registered at the Virginia State Corporation the same as provided under Item No. 2 of this application. If no, please print registration name below.	If no, explain on a separate page how the organization is exempt from this requirement. Yes or No _____ Yes or No _____						
19. If you answered yes to Item No. 18, is your organization in good standing with the Virginia State Corporation Commission?	If no, please explain on a separate page. Yes or No _____						

## ORGANIZATION INFORMATION

20. Is the organization registered and in good standing with the Virginia Department of Agriculture and Consumer Services to solicit charitable contributions in Virginia? *If no, please explain on a separate page how the organization is exempt from registration.* Yes or No \_\_\_\_\_
- If you answered Yes to Item No. 20, is the name as registered at the Virginia Department of Agriculture and Consumer Services the same as provided under Item No. 2 of this application. If No, please print registration name below. Yes or No \_\_\_\_\_
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21. Has any officer, director, or game manager who participates in the management or operation of any charitable gaming activity ever been (a) convicted of a felony, (2) convicted of any misdemeanor involving fraud, theft or financial crimes within the preceding five years of this application, or (3) participated in the management, operation or conduct of any charitable game which was found by the Department or a court of competent jurisdiction to have been operated in violation of state law, local ordinance, or Department regulation within the last five years? *If Yes, please provide name, address, and details on a separate page.* Yes or No \_\_\_\_\_
22. Has any officer, director, or game manager who participates in the conduct of any charitable gaming activity been (a) convicted of a felony in the preceding ten years, (2) convicted of any misdemeanor involving fraud, theft or financial crimes within the preceding five years of this application, or (3) participated in the management, operation or conduct of any charitable game which was found by the Department or a court of competent jurisdiction to have been operated in violation of state law, local ordinance, or Department regulation within the last five years? *If Yes, please provide name, address, and details on a separate page.* Yes or No \_\_\_\_\_
23. Is any officer, director, game manager, member, or any member who volunteers in the conduct, operation, or management of charitable gaming activities related to a registered supplier, supplier's agent, employee, member of the supplier's immediate family or person residing in the same household who offers, provides, or sells gaming products to your organization? *If yes, please explain and provide details on a separate page.* Yes or No \_\_\_\_\_

## CHARITABLE GAMING ACTIVITIES

24. List the location(s), day(s), date(s) and time(s) the charitable gaming activity(s) will be held: (List all planned activities below. If more space is needed or your organization utilizes additional facilities, provide the same information relative to the additional facility on a separate page and attach.)

Building Name (Where Charitable Gaming Activities Will Be Held): \_\_\_\_\_

Physical Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Official Jurisdiction (County of/City of): \_\_\_\_\_

Type of Gaming Activity - Please an "X" by the appropriate box. \_\_\_\_\_ Bingo \_\_\_\_\_ Stand Alone Raffle Annual Pull Tab Event - Qualified Association, Booster Club, etc. (See Section 18.2-340.26:2)

Day(s) of the Week and/or Frequency of Gaming Activities: \_\_\_\_\_

Doors Open at Facility \_\_\_\_\_ am/pm Doors Close at Facility \_\_\_\_\_ am/pm

Begin Game Time \_\_\_\_\_ am/pm End Game Time \_\_\_\_\_ am/pm

Maximum Occupancy \_\_\_\_\_ Total Square Footage Used \_\_\_\_\_

Facility Charges Per Session: Facility Lease \$ \_\_\_\_\_ Equipment Lease \$ \_\_\_\_\_

## CHARITABLE GAMING ACTIVITIES

24. *[Continued]* Has the organization identified any and all payments and/or consideration paid to the landlord? If no, please explain on a separate page and identify each and every charge, and the amount. Yes or No \_\_\_\_\_

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25. A qualified athletic association, or booster club or a band booster club created solely to raise funds for school-sponsored athletic or band activities for a public school or private accredited school (in accordance with § 22.1-19 - Code of Virginia) or to provide scholarships to students attending such school wishing to conduct an annual pull tab event must submit with this application a narrative describing the event. Is narrative attached to this application for this type of event? Yes or No \_\_\_\_\_

*If not applicable to the applicant organization, please leave blank.*

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26 **FOR ALL CHARITABLE GAMING ACTIVITIES:** (If more space is needed or your organization utilizes additional facilities, provide the same information relative to the additional facility on a separate page and attach.)

a. Who owns and has title to the facility where the charitable gaming activities will occur. Check one. Organization \_\_\_\_\_  
Leased \_\_\_\_\_

Other - Explain: \_\_\_\_\_

If the applicant organization does not own and have title to the facility, attach a copy of the current lease that authorizes the organization to use the facility in the conduct of charitable gaming activities, including bingo and raffle(s). Is lease attached? \_\_\_\_\_

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b. Is the equipment used to conduct the charitable gaming activities owned or leased by the applicant organization? If leased, list the name, address, and contact number of the lessor of the equipment. Owned? \_\_\_\_\_

*If leased, attach a separate page with the name of the owner, address, and contact number.* Leased? \_\_\_\_\_

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c. Landlord Full Name: \_\_\_\_\_  
 Landlord Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

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d. Name of Facility: \_\_\_\_\_ Facility Manager: \_\_\_\_\_  
 Facility Telephone: \_\_\_\_\_ Facility Facsimile: \_\_\_\_\_

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27. Are the premises used by more than one organization for the purpose of conducting charitable gaming activities? If yes, please provide the name and address of each organization utilizing this facility on a separate page. Yes or No \_\_\_\_\_

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28. **For Raffle Applications Only** - Will the raffle event be held in conjunction with a casino or Las Vegas night? **Please complete the following for each scheduled raffle.** Yes or No \_\_\_\_\_

a. What date does the organization plan to begin raffle ticket sales? \_\_\_\_\_  
*Tickets cannot be sold until receipt of a valid charitable gaming permit.* Month/Date/Year

Raffle drawing date and time of drawing. \_\_\_\_\_  
Month/Date/Year      Time

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b. What is the prize to be given away? Use a separate page if needed.

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c. Were the prize(s) purchased and/or donated? (Use separate page if necessary. Check one box for each prize as to prize being purchased or donated.) Please indicate fair market value of each prize.

\$ _____	Purchased	Yes or No _____	\$ _____	Purchased	Yes or No _____
	Donated	Yes or No _____		Donated	Yes or No _____

## CHARITABLE GAMING ACTIVITIES

28. d. What is the total purchase price per ticket? (Use separate page if necessary.) Attach a copy of each sample raffle ticket. See 11 VAC 15-22-70.C. for required information. \$ \_\_\_\_\_

e. Will volunteers/members who sell raffle tickets be allowed to buy raffle tickets? If yes, please provide a detailed explanation. Yes or No \_\_\_\_\_

f. Provide a narrative detailing how the raffle will be conducted, its scope, who will be responsible for its oversight, and all rules of play, *i.e.*, what happens if not enough tickets are sold or how many days a winner has to claim the prize. *Copy attached?* Yes or No \_\_\_\_\_

29. Are all raffle tickets scheduled to be sold in the Commonwealth of Virginia? If no, provide an explanation of how raffle sales will be conducted if not sold in Virginia. Yes or No \_\_\_\_\_

30. Full name of person responsible for filing financial reports: \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
First Middle Last

Relationship to Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Facsimile: \_\_\_\_\_

31. Where are the financial records stored? \_\_\_\_\_ Organization \_\_\_\_\_ Other \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact Person Full Name: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
First Name Middle Name Last Name

32. Please list the name of any and all individuals and/or registered suppliers who have offered and/or sold gaming supplies to your organization during the last 12 months, or who the organization anticipates obtaining charitable gaming supplies from. Use additional sheet if necessary. *Have all suppliers of gaming products utilized by your organization been identified?* Yes or No \_\_\_\_\_

a. Supplier Name: \_\_\_\_\_

b. Supplier Name: \_\_\_\_\_

c. Supplier Name: \_\_\_\_\_

33. Does the organization pay or anticipate paying any caller or bingo manager for participating in the organization's charitable gaming activities? Use additional pages if necessary. *If yes, please list each individual below and the individuals current BMR/BCR #.* Yes or No \_\_\_\_\_

Full Name of Individual _____		Title _____
BMR/BCR # _____		Caller, Manager or Both
Full Name of Individual _____		Title _____
BMR/BCR # _____		Caller, Manager or Both

34. Describe in detail how the funds derived from the organization's charitable gaming activities will be disbursed in accordance with those lawful religious, charitable, community or educational purposes.

**FOR VOLUNTEER FIRE DEPARTMENTS AND RESCUE SQUADS EXEMPT FROM THE APPLICATION FEE UNDER § 15.2-955 OF THE CODE OF VIRGINIA, 1950, AS AMENDED.**

35. Is the applicant organization currently recognized in accordance with Section 15.2-955 by an ordinance or resolution by a political subdivision where the organization is located as being part of the safety program of the political subdivision? Yes or No \_\_\_\_\_

36. Date the organization was recognized in accordance with Section 15.2-955 by an ordinance or resolution by a political subdivision where the organization is located as being part of the safety program of the political subdivision. \_\_\_\_\_  
Month/Date/Year

37. Name of political subdivision that has recognized the applicant organization as being part of its safety program. \_\_\_\_\_  
County, City or Town

38. Provide a copy of the dated ordinance or resolution issued by the above referenced political subdivision that designates the applicant organization as being part of the safety program of the political subdivision. *Copy attached?* Yes or No \_\_\_\_\_

**FOR OCG USE ONLY**

Gaming Locality City/County Code: \_\_\_\_\_ Organization Locality City/County Code: \_\_\_\_\_

**CONTINUE TO NEXT PAGE**

**IMPORTANT NOTICE TO ALL APPLICANT ORGANIZATIONS**

***All organizations conducting charitable gaming must file quarterly reports beginning with the month they (1) conduct bingo or (2) begin raffle sales, and each quarter thereafter as long as they have charitable gaming receipts or disbursements, and must file the annual report as prescribed by law. Failure to do so will result in the automatic revocation of the organization's charitable gaming permit in accordance with Section 18.2-340.30.E. of the Code of Virginia.***

**Organizations are required to file reports by the following dates:**

<b><i>Quarterly Report Period</i></b>	<b><i>Quarterly Report Due Date</i></b>
January 1 - March 31 April 1 - June 30 July 1 - September 30 October 1 - December 31	June 1 September 1 December 1 March 1
<b><i>Annual Report Period</i></b>	<b><i>Annual Report Due Date</i></b>
January 1 through December 31	March 15

**\$25.00 per day late filing penalty.**

To obtain the Financial Reporting Forms, please visit the OCG web site at [www.vdacs.virginia.gov/gaming](http://www.vdacs.virginia.gov/gaming) or call (804) 371-0495.

## PERSONNEL INFORMATION

Section 18.2-340.25, Code of Virginia, 1950, as amended, provides that no charitable gaming license can be issued prior to a reasonable investigation conducted by the Office of Charitable Gaming.

**Complete the following information for the (1) President, (2) Treasurer/Financial Officer, or their equivalent position, and (3) Each Game Manager.**

Answer each section in its entirety. **FULL PROPER LEGAL NAMES** must be provided -- **applications with initials or incomplete responses will delay processing of the application**. If an individual has no middle name, then insert "**NMN**" (No Middle Name). The social security numbers and dates of birth of all individuals must be provided in order for this application to be considered complete.

I understand that I am required to submit a Personnel Information Update Form for any change in the Organization's President, Treasurer/Financial Officer, or their equivalent position, or Game Manager after submission of this Renewal Application, and immediately upon any change in any of the above designated officers. The Personnel Information Update Form is available under "Licensing Forms" on OCG's web site at [www.vdacs.virginia.gov/gaming](http://www.vdacs.virginia.gov/gaming).

**Position Codes: (Check the appropriate box for each applicable individual, or its equivalent position)**

\_\_\_\_\_  
President/Commander/  
Governor/Exalted Ruler, etc.      \_\_\_\_\_ Treasurer/Financial Officer      \_\_\_\_\_ Game Manager(s)/ Bingo  
Manager(s)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Organization Title: \_\_\_\_\_  
Complete First Name      Complete Middle Name      Complete Last Name

Complete Term of Office Holder:      Begin Term Date: \_\_\_\_\_ End Term Date: \_\_\_\_\_  
Month/Date/Year      Month/Date/Year

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Physical Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Contact No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Other Contact No.: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ (Please print)

**NOTE:** Organization's are required to submit a Personnel Information Update Form if there are any changes in the (1) President, (2) the Treasurer/Financial officer, or its equivalent position, and (3) for any Game Manager after issuance of a permit if the above referenced designated individuals listed in this application change or if officer elections occur. This should be submitted as soon as the change takes place.

**Prior to issuance of a license and/or permit, the VDACS Office of Charitable Gaming reserves the right to request additional information from those named in the "Personnel Information" section of this Charitable Gaming Permit Application - New Applicants Only.**

**THE PRESIDENT/CHIEF OFFICER, OR DESIGNEE, OF THE APPLICANT ORGANIZATION MUST PRINT HIS/HER NAME, AFFIX HIS/HER SIGNATURE, AND PROVIDE THE DATE.**

I hereby certify that all information provided in this application and attachments are true to the best of my knowledge, information and belief, that I have not knowingly made a false statement of material fact on this application, and that I have read and understand the terms and conditions as set out under the Code of Virginia and the VDACS Office of Charitable Gaming Rules and Regulations. I understand that untruthful or misleading answers are cause for denial of the charitable gaming permit. I also agree that the organization listed on this application and its officers, directors, members, and employees, will abide by all rules and regulations of the VDACS Office of Charitable Gaming in the operation, management, and conduct of bingo game(s) and/or raffle(s) pursuant to the Code of Virginia, Chapter 8, Section 18.2-340.15, *et seq.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Organization Title: \_\_\_\_\_  
Complete First Name Complete Middle Name Complete Last Name

# SUPPLEMENTAL INFORMATION

Use these forms only if the following circumstances apply: (1) the organization plans to conduct a stand alone raffle - separate and apart from their regularly permitted charitable gaming activities, or if this is the only type of event conducted during any permit term, or (2) Use the Instant Bingo, Pull Tab, and Seal Card Requirements Form only if the organization meets the requirements of Section 18.2-340.26:2 of the Code of Virginia.

1. Stand Alone Raffle Requirements Form
2. Instant Bingo, Pull Tab, and Seal Card Requirements Form - For use only by an athletic association or booster club or a band booster club established solely to raise funds for school-sponsored athletic or band activities for a public school or private school accredited pursuant to Section 22.1-19 or to provide scholarships to students attending such school. This is limited to a single annual event a year.

# STAND ALONE RAFFLE REQUIREMENTS

Information requested in this form must accompany the organization's application, or amendment request, if a stand alone raffle is conducted. Please complete this form in its entirety for each stand alone raffle event the organization intends to conduct.

## Raffle Tickets

**Attach a sample copy of each stand alone raffle ticket.**

Each raffle ticket must conform to the requirements of 11 VAC 15-22-70.C. of the Charitable Gaming Rules and Regulations, including, but not limited to, raffle tickets being sequentially numbered and having a detachable section, with one portion going to the seller and the other portion to the purchaser.

The portion that is retained by the **Seller** must include:

- \_\_\_\_\_ The purchasers name, complete address, and contact telephone number.
- \_\_\_\_\_ The matching sequential ticket number to the portion provided to the purchaser.

The portion that goes to the **Purchaser** must include, but is not limited to:

- \_\_\_\_\_ The ticket number.
- \_\_\_\_\_ The selling price of each ticket.
- \_\_\_\_\_ The prize(s) to be awarded.
- \_\_\_\_\_ The date, time, and name/address of the the physical location of the drawing.
- \_\_\_\_\_ The name, address and telephone number of the organization.
- \_\_\_\_\_ The charitable gaming permit number (after issuance by the Department).

**NOTE:** Raffle tickets may not be printed until the organization is authorized in writing to do so by the Department.

## Raffle Narrative

**Please use a separate sheet to answer the following questions.**

Please provide a written narrative describing how the organization will conduct the raffle. Please be very specific and detailed. This narrative must include, but is not limited to, the following:

### Part 1 - Scope and Purpose of Raffle

- A. How many raffle tickets will be printed? \_\_\_\_\_
- B. How much will each raffle ticket cost? \_\_\_\_\_ \$ \_\_\_\_\_
- C. What are the anticipated GROSS receipts (Multiply Line A by Line B) = \_\_\_\_\_
- D. What will happen if the raffle is not successful such as not all of the tickets are sold to pay for the raffle prize?
- E. Please provide any other information pertinent to the scope and purpose of the raffle.

### Part 2 - Sales Distribution

- A. How will the money be controlled?
- B. How will the tickets be handled?
- C. How exactly will the tickets be sold to the purchaser and how will the money be collected?
- D. Does the organization anticipate selling tickets outside of the Commonwealth of Virginia? If yes, please provide a copy of the permit authorizing the organization to sell tickets in each applicable state.
- E. 11 VAC 15-22-70.C. of the Charitable Gaming Rules and Regulations states, "[w]inning tickets and unsold tickets shall be maintained for three years from the close of the fiscal year." Where does the organization plan to store these unsold and winning raffle tickets during this three year time frame?
- F. Please provide any other information pertinent to the sales distribution of the raffle ticket(s).

### Part 3 - Drawing Process and Prize Winners

- A. Who will conduct the raffle drawing?
- B. Describe the drawing process.
- C. How will the prizes be distributed? Does the winner need to be present? How many days does the winner have to claim the prize? What happens if the winner does not claim the prize?
- D. Please provide any other information pertinent to the drawing process and/or prize winners of the raffle ticket(s).

## Other Required Information

- A. Attach a copy of the "House Rules" for each stand alone raffle. 11 VAC 15-22-50.A. of the Charitable Gaming Rules and Regulations state, "Each organization shall adopt "House Rules" regarding conduct of the game. Such rules shall be consistent with the provisions of the law and [the Charitable Gaming] regulations. "House Rules" shall be conspicuously posted or, at an organization's option, printed on the game program [raffle ticket]."
- B. Provide a letter of intent from the individual(s) or business(es) from which the prize(s) are being purchased/donated stating the terms and conditions of the transaction(s). The letter needs to be written on the business(es) letterhead, signed, and dated. It should address the fair market value of the item if it is being donated or the actual cost if it will be purchased by the organization. If the organization already owns and has title to the prize, a copy of the original bill of sale will suffice.
- C. If applicable, provide a copy of the written lease and/or agreement between the organization and the owners of the property where the drawing will take place.
- D. All organizations are responsible for ensuring compliance with all State and Federal laws in the conduct of their charitable gaming activities.

# **INSTANT BINGO, PULL TAB, AND SEAL CARD REQUIREMENTS**

## **(Section 18.2-340.26:2 of the Code of Virginia)**

**This activity can only be conducted in accordance with Section 18.2-340.26:2. of the Code of Virginia.**

### **Statutory Requirements**

**Section 18.2-340.16 - Definitions - "Organization 3. An athletic association or booster club or a band booster club established solely to raise funds for school-sponsored athletic or band activities for a public school or private school accredited pursuant to Section 22.1-19 or to provide scholarships to students attending such school."**

**Section 18.2-340.26:2 provides, "[a]s a part of its annual fund-raising event, any qualified organization that is an athletic association or booster club or a band booster club may sell instant bingo, pull tabs, or seal cards provided that (i) the sale is limited to a single event in a calendar year and (ii) the event is open to the public. The Department may require organizations authorized under this section to make such financial reporting as it deems necessary."**

**An organization must meet all of the requirements under Section 18.2-340.26:2 prior to making application for and obtaining a charitable gaming permit for this specific charitable gaming activity.**

### **Activity Requirements**

1. The organization must have a valid charitable gaming permit issued by the Department, except as stated in Section 18.2-340.23.A. of the Charitable Gaming Statute..
2. Provide a copy of the "House Rules" that will be utilized in the conduct of the referenced annual fund-raising event as required by 11 VAC 15-22-50.A. of the Charitable Gaming Rules and Regulations.
3. Provide the name of the Permitted Charitable Gaming Supplier and Sales Person that will provide the instant bingo deals that will be sold at this annual fund-raising event.
4. Please include the date, the begin time and end time of the event. Also, provide a copy of a valid lease agreement if the proposed annual fund-raising event will take place at a location that is not owned by the applicant organization.
5. The qualified organization is aware during the conduct of the annual fund-raising event that:
  - a. The exception under Section 18.2-340.26:2 of the Code of Virginia limits this activity to annual fund-raising event meaning a single occurrence in a calendar year.
  - b. The organization cannot conduct instant bingo, pull tab, or seal card activities on any day, at any time, or at any other premise(s) not specified on the organization's charitable gaming permit.
  - c. The organization cannot conduct any other charitable gaming activity at this event, including, but not limited to, bingo, 50/50's, basket bingo, etc., unless specified on the organization's charitable gaming permit.
  - d. The event must be open to the public
  - e. The permit must be prominently displayed and the applicable flare for each deal in play must be prominently posted.
  - f. No instant bingo, pull tab, or seal card can be sold for a price different from the price printed on the ticket by the manufacturer on either the instant bingo, pull tab, or seal card, or on the game flare.
  - g. The organization must purchase all deals of instant bingo, pull tabs, or seal cards from a supplier permitted by the VDACS Office of Charitable Gaming.
  - h. The invoice for each instant bingo, pull tab, or seal card being offered for sale or sold during the referenced annual fund-raising event shall be on the premises at all times listed on the permit.
  - i. Winning instant bingo, pull tab, or seal card tickets shall only be redeemed at the date/time/location indicated on the organization's charitable gaming permit.
  - j. No instant bingo, pull tab, or seal card ticket shall be provided or sold to any person under 18 years of age. No individual under 18 years of age shall play or redeem any instant bingo, pull tab, or seal card ticket.
  - k. All instant bingo, pull tab, and seal card supplies utilized at the referenced annual fund-raising event shall be paid for only by check drawn on the gaming account of the organization. All monies related to charitable gaming activities must be deposited into the organization's separate and distinct charitable gaming account.
  - l. All recordkeeping requirements and financial report requirements under the Charitable Gaming Statute and the Charitable Gaming Rules and Regulations must be adhered to.
  - m. All unsold instant bingo, pull tab, and seal card games shall be inventoried at the close of the charitable gaming activity, and held in accordance with the Charitable Gaming Statute and the Charitable Gaming Rules and Regulations.