

Alaska 2013 Gaming Permit Application

DEPARTMENT USE ONLY	
Validation #	
Date Stamp	

826

Organization Information

Federal EIN	If renewing, enter gaming permit #	Phone Number	Fax Number
Organization Name		Website Address	
Mailing Address		City	State AK
		Zip Code	
Entity Type (check one)	Organization Type (check one) for definitions see AS 05.15.690 and 15 AAC 160.995.		
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Association	<input type="checkbox"/> Charitable <input type="checkbox"/> Civic or service <input type="checkbox"/> Dog mushers' association <input type="checkbox"/> Educational <input type="checkbox"/> Fishing derby association	<input type="checkbox"/> Fraternal <input type="checkbox"/> Labor <input type="checkbox"/> Municipality <input type="checkbox"/> Nonprofit trade association <input type="checkbox"/> Outboard motor association	<input type="checkbox"/> Police or fire department <input type="checkbox"/> Political <input type="checkbox"/> Religious <input type="checkbox"/> Veterans <input type="checkbox"/> IRA/Native Village
<input type="checkbox"/> Yes <input type="checkbox"/> No Does the organization have 25 or more members, as defined in your articles of incorporation or bylaws, who are Alaska residents?			

Members in Charge of Games

Members in charge must be natural persons and active members of the organization or employees of the municipality and designated by the organization. Members in charge may not be licensed as an operator, be a registered pull-tab vendor or an employee of a vendor for this organization. If more than one alternate, attach a separate sheet.

Primary Member First Name	M.I.	Primary Member Last Name	Alternate Member First Name	M.I.	Alternate Member Last Name
Social Security Number		Email	Social Security Number		Email
Daytime Phone Number		Mobile Number	Daytime Phone Number		Mobile Number
Home Mailing Address			Home Mailing Address		
City	State AK	Zip Code	City	State AK	Zip Code
Has the primary member passed the test? <input type="checkbox"/> Yes <input type="checkbox"/> No		Permit # under which test was taken:	Has the alternate member passed the test? <input type="checkbox"/> Yes <input type="checkbox"/> No		Permit # under which test was taken:

Legal Questions

These questions must be answered. If you answer Yes to either question, see instructions.

<input type="checkbox"/> Yes <input type="checkbox"/> No Does any member of management or any person who is responsible for gaming activities have a prohibited conflict of interest as defined by 15 AAC 160.954?	<input type="checkbox"/> Yes <input type="checkbox"/> No Has any member of management or any person who is responsible for gaming activities ever been convicted of a felony, extortion, or a violation of a law or ordinance of this state, or another jurisdiction, that is a crime involving theft or dishonesty, or a violation of gambling laws?
--	---

We declare, under penalty of unsworn falsification, that we have examined this application, including any attachments, and that, to the best of our knowledge and belief, it is true and complete. We understand that any false statement made on the application or any attachments is punishable by law. By our signatures below we, the primary member, the alternate member, and if applicable, the manager of games, agree to allow the Department of Revenue to review any criminal history we may have, in accordance with 15 AAC 160.934.

Primary Member In Charge's Signature	Printed Name	Date
President or Other Officer's Signature (see instructions)	Printed Name	Date
Alternate Member In Charge's Signature	Printed Name	Date
Manager of Games Signature	Printed Name	Date

One copy of the completed application must be sent to the nearest municipality or borough.

See instructions for mandatory attachments.

Pay online with OTIS at www.tax.alaska.gov or make check payable to State of Alaska. New applicants must pay by check.

Permit Fee

The permit fee is based on the 2012 estimated gross receipts. Check the appropriate box.

<input type="checkbox"/> New applicant	\$20
<input type="checkbox"/> \$0 - \$20,000	\$20
<input type="checkbox"/> \$20,001 - \$100,000	\$50
<input type="checkbox"/> \$100,001 or more	\$100

Mail to: Alaska Department of Revenue, PO Box 110420, Juneau AK 99811-0420

0405-826 Rev 04/15/13 - page 1

826

2013 Alaska Gaming Permit Application

826

Gaming Permit #	Organization Name
-----------------	-------------------

Facility-Based Games (self-directed)

If more than two facilities, attach a separate sheet.

Facility Name	Physical Address	City	State AK	Zip Code
Facility Type (check one) <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Donated	Game Type (check all that apply) <input type="checkbox"/> Bingo <input type="checkbox"/> Raffle <input type="checkbox"/> Pull-tabs <input type="checkbox"/> Animal classic (chicken)* <input type="checkbox"/> Animal classic (rat race)* <input type="checkbox"/> Special draw raffle ** <input type="checkbox"/> Calcutta pool**			
Facility Name	Physical Address	City	State AK	Zip Code
Facility Type (check one) <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Donated	Game Type (check all that apply) <input type="checkbox"/> Bingo <input type="checkbox"/> Raffle <input type="checkbox"/> Pull-tabs <input type="checkbox"/> Animal classic (chicken)* <input type="checkbox"/> Animal classic (rat race)* <input type="checkbox"/> Special draw raffle ** <input type="checkbox"/> Calcutta pool**			

Area-Based Games

If more than two areas, attach a separate sheet. * restricted game type **see instructions for mandatory attachments

Area	Game type (check all that apply) <input type="checkbox"/> Raffle <input type="checkbox"/> Contest of skill <input type="checkbox"/> Fish derby <input type="checkbox"/> Dog musher' contest <input type="checkbox"/> Other (specify) _____	Classic/
Area	Game type (check all that apply) <input type="checkbox"/> Raffle <input type="checkbox"/> Contest of skill <input type="checkbox"/> Fish derby <input type="checkbox"/> Dog musher' contest <input type="checkbox"/> Other (specify) _____	Classic/

Manager of Games

Required only for self-directed pull-tabs and bingo.

Manager First Name	MI	Manager Last Name	Social Security Number	Daytime Phone Number
Home Mailing Address			Email	Mobile Phone
City	State	Zip Coded	Has the manager of games passed the test? <input type="checkbox"/> Yes <input type="checkbox"/> No	Permit # under which test taken

Vendor Information

Attach 2012 vendor registration form(s) and fee(s) for each vendor listed below.

Bar or Liquor Store Name	Physical Address	City	State AK	Zip Code
Bar or Liquor Store Name	Physical Address	City	State AK	Zip Code
Bar or Liquor Store Name	Physical Address	City	State AK	Zip Code
Bar or Liquor Store Name	Physical Address	City	State AK	Zip Code
Bar or Liquor Store Name	Physical Address	City	State AK	Zip Code

Operator Information

Designate operator who will conduct activities on the organization's behalf. Attach signed operating contract(s). If more than one operator, attach a separate sheet.

Operator License #	Operator	Facility Name	Game Type(s)
Physical Address		City	State Zip Code

Multiple-Beneficiary Permittee Information (MBP)

Designate the MBP with which the organization has signed a partnership or joint venture agreement.

MBP Permit #	MBP Name	Facility Name	Game Type(s)
Physical Address		City	State Zip Code

Dedication of Net Proceeds

Describe in detail how the organization will use the net proceeds from gaming activities.

826