

2013 Multiple-Beneficiary Permit Application

MBP Information

Apply online at www.tax.alaska.gov/gaming

EIN	If renewing, MBP Permit #	Phone Number	Fax Number
MBP Name		Email	
Mailing Address		City	State AK Zip Code

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:

MBP Member Applicants All member applicants must (1) have a permit or (2) have applied for a permit for this permit year.

Permit #	Name of Organization	Phone Number
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Legal Questions These questions must be answered, If you answer Yes to either question, see instructions.

- Yes 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 law or ordinance of this state, or another jurisdiction, that is a crime involving theft or dishonesty, or a violation of gambling laws?
- Yes 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?

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 Signature	Printed Name	Date
Alternate Member Signature	Printed Name	Date
Manager Signature	Printed Name	Date

Permit Fee \$100

One copy of the completed application must be sent to all applicable municipalities and boroughs. 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.

DEPARTMENT USE ONLY
Validation #
Date Stamp

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MBP Permit #	MBP Name
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Supervisory Employees

First Name	M.I.	Last Name	Social Security Number
First Name	M.I.	Last Name	Social Security Number
First Name	M.I.	Last Name	Social Security Number

Activities Conducted by MBP

Is any facility rented or leased from an MBP member? No Yes If Yes, see instructions

Facility Name	Facility Type (check one) <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Donated		
Game Type(s) <input type="checkbox"/> Bingo <input type="checkbox"/> Raffles <input type="checkbox"/> Pull-Tabs <input type="checkbox"/> Other (specify):			
Physical Address	City	State	Zip Code

Facility Name	Facility Type (check one) <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Donated		
Game Type(s) <input type="checkbox"/> Bingo <input type="checkbox"/> Raffles <input type="checkbox"/> Pull-Tabs <input type="checkbox"/> Other (specify):			
Physical Address	City	State	Zip Code

Facility Name	Facility Type (check one) <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Donated		
Game Type(s) <input type="checkbox"/> Bingo <input type="checkbox"/> Raffles <input type="checkbox"/> Pull-Tabs <input type="checkbox"/> Other (specify):			
Physical Address	City	State	Zip Code

Vendor Information

Vendors may sell pull-tabs only. Attach 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

Manager of Games

As defined in 15 AAC 160.995 and 15 AAC 160.365

Manager First Name	M.I.	Manager Last Name	Social Security Number	Daytime Phone Number
Home Mailing Address		City	State	Zip Code
Mobile Number				
Has this manager passed the test? <input type="checkbox"/> Yes <input type="checkbox"/> No			Permit # under which test was taken:	