

Alaska 2014 Amended Gaming Permit Application



826A

With the exception of the EIN, gaming permit number, and the organization name, complete only the information that has changed from information submitted on the original application for this permit year.

Organization Information

EIN	Gaming permit #	Phone Number	Fax Number
Organization Name		Website Address	
Mailing Address		City	State AK
Mailing Address		City	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 who are Alaska residents as defined in your articles of incorporation or bylaws?			

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	Zip Code	City	State	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:
Effective Date of change		<input type="checkbox"/> Add <input type="checkbox"/> Delete	Effective date of change		<input type="checkbox"/> Add <input type="checkbox"/> Delete

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
President or Other Officer's Signature (see instructions)	Printed Name	Date
Alternate Member Signature	Printed Name	Date
Manager Signature	Printed Name	Date

DEPARTMENT USE ONLY
Date Stamp

One copy of the completed application must be sent to the nearest municipality and borough. See instructions for mandatory attachments.

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

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Gaming Permit #	Organization Name
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Facility-Based Games (self-directed) If more than two facilities, attach a separate sheet.

<input type="checkbox"/> Add <input type="checkbox"/> Delete	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**			
<input type="checkbox"/> Add <input type="checkbox"/> Delete	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*

<input type="checkbox"/> Add <input type="checkbox"/> Delete	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"/> Classic/Other (specify) _____
<input type="checkbox"/> Add <input type="checkbox"/> Delete	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"/> Classic/Other (specify) _____

Manager of Games Required only for self-directed pull-tabs and bingo.

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

Change of Vendor Vendors may only sell pull-tabs. Attach vendor registration form(s) and fee(s) for each vendor listed.

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Bar or Liquor Store Name	Physical Address	City	State AK	Zip Code
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Bar or Liquor Store Name	Physical Address	City	State AK	Zip Code
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Bar or Liquor Store Name	Physical Address	City	State AK	Zip Code
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Bar or Liquor Store Name	Physical Address	City	State AK	Zip Code

Change of Operator Designate operator. If adding an operator, attach a signed operating contract. If more than one change, attach a separate sheet.

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Operator License #	Operator	Facility Name	Game Type(s)
Physical Address			City	State Zip Code

Change of Multiple-Beneficiary Permittee (MBP). Designate the MBP. If adding an MBP, attach a copy of the signed agreement. If more than one change, attach a separate sheet.

<input type="checkbox"/> Add <input type="checkbox"/> Delete	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's use of net proceeds from gaming activities will change.

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