



2014 Amended Multiple-Beneficiary Permit Application

MBP Information

MBP Permit #	Federal EIN	MBP Name
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Complete only if there is a change in address.

Mailing Address		City	State AK	Zip Code
Phone Number	Fax Number	Webstie Address		

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 change to either position, attach a separate sheet.

<input type="checkbox"/> Add	Primary Member First Name	M.I.	Primary Member Last Name	Email	Effective Date
<input type="checkbox"/> Delete	Social Security Number	Daytime Phone Number	Mobile Number	Has the primary member passed the test?	
Home Mailing Address		City	State AK	Zip Code	Permit # under which test was taken:

<input type="checkbox"/> Add	Alternate Member First Name	M.I.	Alternate Member Last Name	Email	Effective Date
<input type="checkbox"/> Delete	Social Security Number	Daytime Phone Number	Mobile Number	Has the alternate member passed the test?	
Home Mailing Address		City	State AK	Zip Code	Permit # under which test was taken:

Change in MBP Member Applicants

All member applicants must (1) have a permit or (2) have applied for a permit for this permit year. If more than two changes, attach a separate sheet.

<input type="checkbox"/> Add	Permit #	Name of Organization	Phone Number
<input type="checkbox"/> Delete			
<input type="checkbox"/> Add	Permit #	Name of Organization	Phone Number
<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
Alternate Member Signature	Printed Name	Date
Manager Signature	Printed Name	Date

One copy of the completed application must be sent to all applicable municipalities and boroughs. See instructions for mandatory attachments.

DEPARTMENT USE ONLY
Date Stamp

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Manager of Games As defined in 15 AAC 160.995 and 15 AAC 160.365. If more than two changes, attach a separate sheet.

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

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

Change of Supervisory Employees. If more than two changes, attach a separate sheet.

<input type="checkbox"/> Add <input type="checkbox"/> Delete	First Name	M.I.	Last Name	Social Security Number	Effective Date
<input type="checkbox"/> Add <input type="checkbox"/> Delete	First Name	M.I.	Last Name	Social Security Number	Effective Date

Activities Conducted by MBP

Is any facility rented or leased from an MBP member? No Yes If Yes, see instructions. If more than two changes, attach a separate sheet.

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Facility Name	Facility Type	<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

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Facility Name	Facility Type	<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

Change in Vendor

Attach vendor registration form(s) and fee(s). If more than two changes, attach a separate sheet.

<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