### ALCOHOL LAW ENFORCEMENT DIVISION – BINGO SECTION 3320 GARNER ROAD RALEIGH, NORTH CAROLINA 27610 919-733-4060

# **\*BL-5** APPLICATION FOR EXEMPT ORGANIZATION SPECIAL OCCASION PERMIT TO OPERATE BINGO GAMES**\***

<u>Exempt organization</u> – means an organization that has been in continuous existence in the county of operation of the bingo game for at least one year and that is exempt from taxation under Section 501(c)(3), 501(c)(4), 501(c)(8), 501(c)(10), 501(c)(19), or 501(d) of the Internal Revenue Code and is exempt under similar provisions of the General Statutes as a bona fide nonprofit charitable, civic, religious, fraternal, patriotic or veteran's organization or as a nonprofit volunteer fire department, or as a nonprofit volunteer rescue squad or a bonafide homeowners' or property owners' association. (If the organization has local branches or chapters, the term "exempt organization" means the local branch or chapter operating the bingo game).

<u>Bingo game</u> - means a specific game of chance played with individual cards having numbered squares ranging from one to 75, in which prizes are awarded on the basis of designated numbers on such cards conforming to a predetermined pattern of numbers (but shall not include "instant bingo" which is a game of chance played by the selection of one or more prepackaged cards, with winners determined by the appearance of a preselected designation on the card).

## THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY AND SUBMITTED IN DUPLICATE.

| Renewal: No: Yes:   | License #                |             |             |       |  |  |
|---|--------------------------|-------------|-------------|-------|--|--|
| 1. Name of Exempt Organization_   |                          |             |             |       |  |  |
| 2. Organization's Administrative  | Address                  |             |             |       |  |  |
| 3. City   | State <u>NC</u> Zip Code |             |             |       |  |  |
|   |                          |             |             |       |  |  |
| 5. Federal Tax I.D. Number:   | Check One:               | Corporation | Association | Other |  |  |
| 6. List below name and home add<br>persons similarly situated, of the c |                          |             |             |       |  |  |
| NAME  | ADDRESS                  |             |             | TITLE |  |  |
|   |                          |             |             |       |  |  |
|   |                          |             |             |       |  |  |
|   |                          |             |             |       |  |  |
|   |                          |             |             |       |  |  |
|   |                          |             |             |       |  |  |
|   |                          |             |             |       |  |  |
|   |                          |             |             |       |  |  |

telephone:

#### **CHECK ONE BELOW:** (if renewing a license check B)

8. (A) 🗆 A copy of the determination letters from the Internal Revenue Service (1-877-829-5500) and the North Carolina Department of Revenue (1-877-252-3052) indicating that the organization is exempt and stating the section under which the exemption is granted required is attached to this application. (If the organization is a State or local branch, lodge, post, or chapter of a national organization, a copy of the determination letter of the national organization satisfies the federal letter requirement.) (B) C A copy of the determination letters from the Internal Revenue Service and the North Carolina Department of Revenue indicating that the organization is exempt and stating the section under which the exemption is granted is on file with the bingo office and is current.

9. State below the location at which the organization will conduct bingo games.

| (Number & Street) | (City) | (County) | (State) | (Zip Code) |  |
|-------------------|--------|----------|---------|------------|--|
|-------------------|--------|----------|---------|------------|--|

10. Does the organization own the premises where bingo games are to be conducted? Yes No If no, you must supply a copy of the lease or rental agreement between the organization and the property owner. No subleasing is permitted.

11. Day(s) of week and time of day bingo games will be played: You are permitted to hold two (2) bingo sessions a year with this license. First Session date:\_\_\_\_\_\_Second Session date (if applicable) \_\_\_\_\_\_

#### **CONDITIONS OF LICENSE**

It is expressly understood by the applicant organization that:

1. An exempt organization may only conduct bingo games in accordance with the provisions of Chapter 14, Article 37, Part 2 of the General Statutes. All bingo games conducted by an exempt organization are covered by this statute and must be reported in the annual Bingo Audit, and must be included in the overall prize limitations. No other games of chance resulting in prizes/awards of any kind may be conducted in connection with bingo. No bingo license will be renewed until the audit is accepted by the administrator.

2. A bingo game conducted other than in accordance with the statute or conducting of other games of chance in connection with bingo is "gambling" within the meaning of Chapter 19 of the General Statutes.

3. Upon conviction of a violation of the bingo statute, an organization shall not operate a bingo game for a period of one year.

4. A copy of the exempt organization's application and license is required to be submitted to the local law enforcement agency by licensee in the county or municipality in which the organization intends to operate before bingo is conducted. THEREFORE: I have provided a copy of this application

to (Local Law Enforcement Agency) on (date).

#### CERTIFICATE

I certify that all of the information provided in this application is true and accurate to the best of my knowledge and belief, that I have read and understand the foregoing conditions

(Print name of individual applying for bingo license)

Signature and title of officer of organization

Date

Telephone number of organization Daytime telephone number

County, <u>NC</u>

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document

Name(s) of principal(s)

Date

(Official Seal)

Official Signature of Notary

\_\_\_\_, Notary Public

Notary's printed or typed name

My commission expires