

ALCOHOL LAW ENFORCEMENT DIVISION -GAMING LICENSING SECTION  
4233 MAIL SERVICE CENTER  
RALEIGH, NORTH CAROLINA 27699  
919-733-4060

◆GL-1 GAME NIGHT SPONSOR PERMIT APPLICATION◆

CONDITIONS OF PERMIT

Sponsors - exempt organization, employer of 25 or more employees, or a trade association of 25 or more members.

Exempt organization – An organization that has been in continuous existence for at least five years and that is exempt from taxation under section 501(c)(3), 501(c)(4), 501(c)(5), or 501(c)(6) of the United States Internal Revenue Code. (The exempt organization must apply and hold the game night event; private individuals are not permitted to apply and hold a game night event on behalf of an exempt organization)

Prizes – No games at a game night event may be played for cash or a cash prize. Prizes shall be awarded only through a raffle. Participants may exchange chips, markers, or tokens from the game night event for raffle tickets.

Game night events must be held at a Qualified Facility – A facility that has any of the following permits: a. On-premises malt beverage. b. On-premises unfortified wine. c. On-premises fortified wine. d. Mixed beverages.

**This application and \$100 fee must be submitted 30 days in advance of an event**  
**Do not leave any field blank, incomplete applications will be rejected/returned**

1. Name of Exempt Organization/Employer/Trade Association: \_\_\_\_\_

2. Administrative Address: Street \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

3. Mailing Address if different from above: Street \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Select One:

4a. ☐ Exempt organization: Federal Tax I.D. Number \_\_\_\_\_

**Exempt organization must include tax documents with application.** A copy of the determination letters from the IRS (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 is required. Check here only if this is a fundraising event.

4b. ☐ Employer for an employee event or ☐ Trade Association for an association event

: Number of employees or members \_\_\_\_\_

Only employers and trade associations with 25 or more employees/members are authorized to hold game night events. Check here only if this is an employee or trade association event.

**5. Reason for event:** \_\_\_\_\_

**6. Point of contact for event:** Must be a member of the exempt organization, business, or trade association

Name \_\_\_\_\_ Telephone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**7. Facility information: location of game night event:** Game night events must be held at a qualified facility.  
(DO NOT LEAVE ANY FIELD BLANK)

Business name/ABC Outlet Trade Name: \_\_\_\_\_ ABC File #: \_\_\_\_\_

Address: Street \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

**8. Date, Time and Duration of event:** \_\_\_\_\_

**9. Vendor Information.** Name and address of the person, firm or corporation who will operate the devices:

Business Name: \_\_\_\_\_ Vendor Permit Number: \_\_\_\_\_

**10. Please select the types of device(s) that will be used at your event:** ☐Roulette ☐Blackjack ☐Poker ☐Craps  
☐Simulated horse race ☐Merchandise wheel of fortune

**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 and was provided a copy of the gaming statutes for the State of North Carolina.

\_\_\_\_\_  
(Please print the name of individual apply for permit)

Witness my hand and notarial seal/stamp,  
this the \_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature and title of officer of organization/business

\_\_\_\_\_  
Printed name of notary

\_\_\_\_\_  
Telephone number of organization/business

\_\_\_\_\_  
Signature of notary

\_\_\_\_\_  
Daytime telephone number

My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
Date

**DO NOT LEAVE ANY FIELD BLANK: INCOMPLETE APPLICATIONS WILL BE REJECTED/RETURNED**

**Game night fee: \$100.00 (checks payable to NC ALE-Game Night)**

**Mailing address: ALE-Game Night  
4233 Mail Service Center  
Raleigh, NC 27699**