

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

◆GL-3 GAME NIGHT VENDOR DEVICE REGISTRATION◆

CONDITIONS OF PERMIT

Approved devices - The following devices may be provided by any vendor: Roulette, blackjack, poker, craps, simulated horse race, and merchandise wheel of fortune.

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

**This application and \$25 per device fee must be submitted 30 days in advance of an event**

1. Owner Name: \_\_\_\_\_ 2. Permit Number: \_\_\_\_\_

3. Business Name: \_\_\_\_\_

4. Vendor Address: Street \_\_\_\_\_

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

5. Additional locations where game night devices are housed

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6. Mailing Address is if different from above: Street \_\_\_\_\_

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

7. Email Address: \_\_\_\_\_ 8. Telephone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**9. Select the devices to be registered:**

Type	Count	Location
• Roulette (x2, one each for table and wheel)	_____	_____
• Blackjack	_____	_____
• Poker	_____	_____
• Craps	_____	_____
• Simulated horse race	_____	_____
• Merchandise wheel of fortune (x2, one each for table and wheel)	_____	_____
TOTAL	_____	

**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.

\_\_\_\_\_  
Print name of individual applying permit

\_\_\_\_\_  
Signature and title

\_\_\_\_\_  
Date

\_\_\_\_\_  
County, \_\_\_\_\_

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)

\_\_\_\_\_  
Official Signature of Notary

Date \_\_\_\_\_

\_\_\_\_\_, Notary Public

(Official Seal)

Notary's printed or typed name

My commission expires \_\_\_\_\_

**Fee is enclosed: \$25 per device (money orders or certified checks make payable to NC ALE-Game Night)**