**GL-1 GAME NIGHT SPONSOR PERMIT APPLICATION**

<table>
<thead>
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<th>CONDITIONS OF PERMIT</th>
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<tr>
<td>Sponsors - exempt organization, employer of 25 or more employees, or a trade association of 25 or more members.</td>
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<tr>
<td>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)</td>
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<td>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.</td>
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<td>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.</td>
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**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.
GL-1 (revised 10/21)

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,

     Signature and title of officer of organization/business   this the ___ day of_______

     Telephone number of organization/business   Printed name of notary

     _____________________________________________________________________________

     Signature of notary   My Commission expires: ______________

     Daytime telephone number

     ________________________________

     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