

## GENERAL RECORDKEEPING FORMS AND INSTRUCTIONS

This booklet contains additional forms that may be needed by an organization to comply with the N.D. Gaming Laws and Rules. Instructions for each form are included in this booklet. Samples of three of the forms have been provided to illustrate the proper completion of these forms. Samples of the other forms that are self-explanatory are not included.

Please remove the master forms needed from the booklet and make copies for your organization. These forms are also available on this office's web page at [www.ag.nd.gov](http://www.ag.nd.gov).

*If you have any questions or comments, please contact this office in writing or by calling 1-800-326-9240.*

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**Employee Signature and Initials Register**  
**(SFN 50900)**

An organization is required to maintain a register of each employee's name and the employee's initials or signature as the employee normally writes them on a record or report. This information is required for all organizations, whether or not initials are used on the forms.

See sample form on page 4.

**Application for Gaming Funds**  
**(SFN 9801)**

This form is used by potential recipients of net proceeds to request trust fund disbursements from a gaming organization. The applicant completes the form through the signature and date fields. The organization completes the bottom line of the form indicating whether the request is approved or denied and related information if funds are disbursed.

See sample on page 5.

**Deposit Summary**  
**(SFN 50277)**

This form may be used by an organization to record the information required by N.D. Administrative Code § 99-01.2-03-10(3) when a single deposit is for more than one game or game type or more than one day's activity.

In place of this form, this information may be written directly on a deposit slip or a supporting schedule.

See sample form on page 6.

**Employee Acknowledgment**  
**(SFN 58512)**

N.D.A.C. § 99-01.3-02-10(2) requires that an employee of an organization shall read and acknowledge in writing, within thirty days of employment and the effective date of new gaming laws or rules, that the person has read and understands the provisions that relate to the person's job duties. This acknowledgment must be signed, dated, and be made part of the person's personnel file.

**Change of Governing Board**  
**(SFN 51568)**

This form is used if the governing board of an organization changes. Refer to N.D. Administrative Code § 99-01.3-01-04. The information must be provided to this office within fourteen days following the change. Mail the completed form to the address listed on the bottom.

**Change of Gaming Organization's**  
**Top Executive Official**  
**(SFN 53238)**

This form is used if the top executive of the governing board of an organization changes. Refer to N.D. Administrative Code § 99-01.3-01-04. The information must be provided to this office within fourteen days following the change.

**Change of Gaming Manager**  
**(SFN 52549)**

This form is used if the gaming manager of an organization changes. Refer to N.D. Administrative Code § 99-01.3-02-07(1). The information must be provided to this office within fourteen days following the change. The line for the "Gaming Manager's Signature" is to be signed by the

new gaming manager. Mail the completed form to the address listed on the bottom.

**Change of Mailing Address**  
**(SFN 52550)**

This form is used to notify this office when the mailing address of an organization changes. The form is to be signed by a governing board member verifying the change of the mailing address. Mail the completed form to the address listed on the bottom.

**Gaming Organization E-Mail Contact**  
**(SFN 54481)**

This form is completed if an organization chooses to receive licensing renewal forms by e-mail rather than by mail. This form is also used when a contact person and e-mail address this office has on file for the organization changes. Mail the completed form to the address listed on the bottom.

**Order Form**  
**(SFN 19963)**

This form is used by an organization to order recordkeeping booklets or N.D. Gaming Law and Rule books. Mail the completed form along with a check to the address on the top.

Postage charges on the number of N.D. Gaming Law and Rule books ordered applies only when ordering Set A. All of these forms or N.D. Gaming Law and Rules are available on this office's web page located at [www.ag.nd.gov](http://www.ag.nd.gov).





**APPLICATION FOR GAMING FUNDS**  
**OFFICE OF ATTORNEY GENERAL**  
 SFN 9801 (4-10)

Organization  <b>Charity, Inc.</b>
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Legal Name of Organization or Individual Applying For Funds <b>Girl Scout Troop #12</b>		Contact Person for Applicant <b>Mary Jones</b>		Daytime Phone Number <b>555-5555</b>	
Mailing Address <b>PO Box 111</b>		City <b>Anytown</b>	State <b>ND</b>	Zip Code <b>58999</b>	
Detailed Description of Intended Use of Gaming Funds: <b>To help defray the cost of the annual summer camp. Girls age 5 to 16 are eligible to attend the camp. They learn many new skills and how to work together as a team. The camp is usually attended by about 50 girls.</b>					
Applicant agrees to retain documentation of the use of the funds for three years from the date funds are received. Applicant agrees that if the funds are not used for the above stated purpose, or the funds are not used within six months, the funds will be returned to the gaming organization.			Signature of Applicant <b>Mary Jones</b>		Date <b>6/20/10</b>
Amount Requested \$ <b>500</b>	Request is: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Approved By <b>John Peters</b>	Amount Approved \$ <b>500</b>	Check Number <b>321</b>	Check Date <b>6/28/10</b>
			Eligible Use Code <b>E - 10</b>		
According to N.D.A.C. § 99-01.3-14-01(9), if the applicant is a charitable organization, professional fundraiser, or professional solicitor, the applicant must provide evidence that it has a charitable solicitations license required by North Dakota Century Code Chapter 50-22. Attach a copy of the license to this form.					



**APPLICATION FOR GAMING FUNDS**  
**OFFICE OF ATTORNEY GENERAL**  
 SFN 9801 (4-10)

Organization
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Legal Name of Organization or Individual Applying For Funds		Contact Person for Applicant		Daytime Phone Number	
Mailing Address		City	State	Zip Code	
Detailed Description of Intended Use of Gaming Funds:					
Applicant agrees to retain documentation of the use of the funds for three years from the date funds are received. Applicant agrees that if the funds are not used for the above stated purpose, or the funds are not used within six months, the funds will be returned to the gaming organization.			Signature of Applicant		Date
Amount Requested \$	Request is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Approved By	Amount Approved \$	Check Number	Check Date
			Eligible Use Code —		
According to N.D.A.C. § 99-01.3-14-01(9), if the applicant is a charitable organization, professional fundraiser, or professional solicitor, the applicant must provide evidence that it has a charitable solicitations license required by North Dakota Century Code Chapter 50-22. Attach a copy of the license to this form.					



**DEPOSIT SUMMARY**  
**OFFICE OF ATTORNEY GENERAL**  
 SFN 50277 (4-10)

Organization <b>Charity, Inc.</b>	Page <b>1</b> of <b>1</b>
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Site	Date of Activity
<b>The Bar</b>	<b>7/15/10</b>
Twenty-One	<b>93</b>
Bingo	<b>12</b>
Pull Tabs Name: <b>Hooked</b>	<b>45</b>
Pull Tabs Name: <b>Super Dog</b>	<del>0</del>
Pull Tabs Name:	
Pull Tab Device Name: <b>Lucky Devil</b>	<b>106</b>
Other Name:	
Other Name:	
<b>Total</b>	<b>256</b>

Site	Date of Activity
<b>The Bar</b>	<b>7/16/10</b>
Twenty-One	<del>0</del>
Bingo	<b>26</b>
Pull Tabs Name: <b>Hooked</b>	<b>102</b>
Pull Tabs Name: <b>Super Dog</b>	<b>14</b>
Pull Tabs Name:	
Pull Tab Device Name: <b>Lucky Devil</b>	<del>0</del>
Other Name:	
Other Name:	
<b>Total</b>	<b>142</b>

Site	Date of Activity
<b>The Bar</b>	<b>7/17/10</b>
Twenty-One	<b>77</b>
Bingo	<b>14</b>
Pull Tabs Name: <b>Hooked</b>	<b>43</b>
Pull Tabs Name: <b>Super Dog</b>	<b>10</b>
Pull Tabs Name:	
Pull Tab Device Name: <b>Lucky Devil</b>	<b>51</b>
Other Name:	
Other Name:	
<b>Total</b>	<b>195</b>

Total Deposit	\$ <b>593</b>	Date of Deposit	<b>7/18/10</b>	Initials	<b>MS</b>
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**DEPOSIT SUMMARY**  
**OFFICE OF ATTORNEY GENERAL**  
 SFN 50277 (4-10)

Organization	Page _____ of _____
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Site	Date of Activity
Twenty-One	
Bingo	
Pull Tabs Name:	
Pull Tabs Name:	
Pull Tabs Name:	
Pull Tab Device Name:	
Other Name:	
Other Name:	
<b>Total</b>	

Site	Date of Activity
Twenty-One	
Bingo	
Pull Tabs Name:	
Pull Tabs Name:	
Pull Tabs Name:	
Pull Tab Device Name:	
Other Name:	
Other Name:	
<b>Total</b>	

Site	Date of Activity
Twenty-One	
Bingo	
Pull Tabs Name:	
Pull Tabs Name:	
Pull Tabs Name:	
Pull Tab Device Name:	
Other Name:	
Other Name:	
<b>Total</b>	

Total Deposit	\$	Date of Deposit	/ /	Initials	
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