ANNUAL CONSOLIDATED STATE GAMING LICENSE REAPPLICATION FORM

OFFICE OF ATTORNEY GENERAL

SFN 53838 (Rev. 02-2011)

License Number: (Office Use) G -
License Year Ending: June 30, _____

1. Official, Legal Name of Organization: (Do Not Abbreviate)		Business Telephone Number:	
Business Address: (Street)	City:	State:	Zip Code:
Mailing Address:	City:	State:	Zip Code:
E-mail Address: (optional)	Contact Person:	Official Position of Contact Person:	

2. Is organization recognized as tax exempt by the Internal Revenue Service? ☐ YES ☐ NO	3. Provide organization's Federal Employer Identification Number (EIN):

4. **If organization intends to conduct gaming in multiple jurisdictions (cities or counties), a consolidated reapplication form may be completed. See reverse side.**

5. Name and Title of Organization's Top Executive Official: (i.e., Cmdr., Pres., etc.)	Daytime Telephone Number:
6. Name of Gaming Manager:	Daytime Telephone Number:
6a. Signature of Gaming Manager:	Date:

7. List Governing Board Members (Print) - The governing board is primarily responsible for properly determining and distributing net proceeds.

Name:	Telephone Number:	Name:	Telephone Number:
Name:	Telephone Number:	Name:	Telephone Number:
Name:	Telephone Number:	Name:	Telephone Number:
Name:	Telephone Number:	Name:	Telephone Number:
Name:	Telephone Number:	Name:	Telephone Number:
Name:	Telephone Number:	Name:	Telephone Number:

8. Does the Organization Own or Rent the Premises at Which the Games of Chance will be Conducted?
☐ Own ☐ Rent

AFFIDAVIT:

The Top Executive Official declares that the information is correct and authorizes the Attorney General to inspect the organization's bank records.	Signature of Top Executive Official:	Date:

SEE REVERSE SIDE OF APPLICATION:

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To be completed only by an organization conducting gaming in multiple jurisdictions that intend to renew their licenses with the Consolidated Reapplication form:	
Cities or Counties (if site is outside limits of an incorporated city) in which games of chance will be conducted:	
City	County (provide only if renewing a county license)
(If additional space is needed, attach separate sheet.)	
Total number of licenses organization is applying for (add each city or county listed above): _____ x $150.00 _____ Total fee.	

Enclose total license fee with this application.
(Check payable to: ND Attorney General)

RETURN TO: Office of Attorney General
Licensing Section
600 E Boulevard Ave Dept. 125
Bismarck, ND 58505-0040
Telephone: 701-328-2329 **OR**
1-800-326-9240