ANNUAL STATE GAMING LICENSE REAPPLICATION

OFFICE OF ATTORNEY GENERAL

SFN 51575 (Rev. 2-2011)

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:	Contact Person Official Position:	
2. Is organization recognized as tax exempt by the Internal Revenue Service? ☐ YES ☐ NO		3. Provide organization's Federal Employer Identification Number (EIN):	
4. City and county in which games of chance will be conducted:			
City:		County:	
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:

ENCLOSE $150.00 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