



RHODE ISLAND STATE POLICE

CHARITABLE GAMING UNIT

311 Danielson Pike, North Scituate, RI 02857-1907

Telephone: (401) 444-1147 · Fax: (401) 444-1097 · Website: risp.ri.gov/cgu

GAMES OF CHANCE (RAFFLE) APPLICATION FOR CHARITABLE ORGANIZATIONS

DIRECTIONS: Submit the completed application to the **LOCAL CITY/TOWN POLICE DEPARTMENT** in the city/town where the drawing is to be held, along with the required \$5.00 application fee. Events held in Providence are to be submitted to the Providence City Hall Board of Licenses. The \$5.00 application fee shall be in the form of check or money order payable to Rhode Island State Police. *Cash is not accepted under any circumstances.*

Name of Organization: _____

Address of Organization: _____

Date of Application: _____ Organization Phone #: _____

Full Name of Applicant: _____ DOB: _____

Home Address: _____ Phone #: _____

Email Address: _____

Type of License Being Requested

RAFFLE: Amt. of tickets to be sold _____ Price per Ticket: \$ _____

Prizes to be awarded _____

WEEK CLUB: # of Weeks _____ Amt. of tickets to be sold _____ Price per ticket: \$ _____

List prizes & projected breakdown of expenses:

Type of Organization Applying

Religious Civic Fraternal Educational Veterans Other: _____

Does organization have charter as a non-profit organization? Yes No

Address where drawing will be held: _____

(Include street number, as well as name & city)

Date(s) of function/drawing: _____ Date tickets will go on Sale: _____

Time of function/drawing: From: _____ To: _____

List distribution/use(s) of proceeds received from event. Be specific. Must be for charitable purpose(s).

"Charitable purpose means any benevolent, educational, humane, patriotic, social service, civic, fraternal, police, labor, religious or eleemosynary purpose, provided that no part of the net earnings inures to the benefit of any private shareholder or individual." Proceeds cannot be used for salaries, legal fees, taxes, utility bills, insurance, etc.

NOTE - It is requested that the organization keep a list of winners to be submitted with the Financial Report form.

List of members who will be operating, managing, supervising and/or running the game of chance: (Attach additional sheets if necessary.)

Full Name:	DOB:
Home Address:	Phone #:
Full Name:	DOB:
Home Address:	Phone #:
Full Name:	DOB:
Home Address:	Phone #:
Full Name:	DOB:
Home Address:	Phone #:

THE ORGANIZATION I AM REPRESENTING AND I, HEREAFTER REFERRED TO AS THE APPLYING ORGANIZATION, AGREE TO ABIDE BY THE REGULATIONS SET FORTH BELOW AND REALIZE THAT ANY DEVIATION FROM THESE REGULATIONS COULD RESULT IN VIOLATION OF THE LAW AND PROSECUTION BY THE STATE OF RHODE ISLAND.

1. All games of chance will be managed, supervised, operated and controlled by permanent members of the applying organization.
2. The services of outside promoters or persons not permanent members of the applying organization will not be employed or used in any way in the managing, operating, supervising or controlling of games of chance.
3. The applying organization will not allow outside promoters or persons not permanent members of the applying organization to become members of the applying organization for the purpose of managing, supervising, operating or controlling games of chance.
4. The applying organization will not seek the advice of outside promoters in the managing, supervising, operating or controlling of games of chance.
5. The applying organization will not knowingly allow outside promoters on the premises while the organization is preparing for, conducting or concluding this function involving games of chance.
6. The aforementioned persons who are bona fide members of the applying organization and who will be controlling, operating, supervising and managing said games of chance have been individually and personally informed about the Rules and Regulations governing said Games of Chance and have agreed to comply strictly with said rules.
7. It is clearly understood that within sixty (60) days after completion of this function a complete financial report, including itemization of gross receipts, total expenses, net profit, copies of canceled checks showing to which charity or charities the proceeds were sent, and mail same to the Rhode Island State Police, Charitable Gaming Unit, 311 Danielson Pike, North Scituate, RI 02857.
8. Application must be submitted to the local police department at least sixty (60) days prior to the date of function.

I hereby acknowledge that I have read, understand and will abide by the above terms and conditions.

Signature of Applicant

Date

For Local Police Department Use

I DO DO NOT RECOMMEND THE ABOVE NAMED AS A SUITABLE PERSON TO RECEIVE THIS LICENSE.

Chief of Police

City/Town