

**RHODE ISLAND STATE POLICE**

**Charitable Gaming Unit**

311 Danielson Pike, No. Scituate, RI 02857-1907

Telephone: (401) 444-1147 Fax: (401) 444-1133

**APPLICATION FOR CHARTIABLE ORGANIZATIONS REQUESTING GAMES OF CHANCE**

*\*(MAY PRINT THIS APPLICATION FOR YOUR CONVIENCE)*

**\*\* \$5.00 APPLICATION FEE REQUIRED – MAKE CHECK OR MONEY ORDER PAYABLE TO R.I. STATE POLICE AND SUBMIT WITH APPLICATION**

**NAME AND ADDRESS OF APPLYING ORGANIZATION \_\_\_\_\_**

\_\_\_\_\_

**DATE OF APPLICATION \_\_\_\_\_ ORGANIZATIONS PHONE # \_\_\_\_\_**

**FULL NAME, ADDRESS, ZIP CODE, BIRTHDATE, AND HOME TELEPHONE NUMBER OF PERSON APPLYING**

\_\_\_\_\_

\_\_\_\_\_

**CHECK TYPE OF LICENSE APPLIED FOR AND NOT COMMENTS PERTAINING TO SAME**

1. **RAFFLE \_\_\_\_\_ (Include on reverse side the amount of tickets to be sold, price of ticket and the prizes to be awarded.)**
2. **20/25 WEEK CLUB \_\_\_\_\_ (Include on reverse side a breakdown of projected expenses and prize, number of tickets to be sold, price per ticket, number of weeks.)**

**TYPE OF ORGANIZATION APPLYING?**

**Religious \_\_\_\_\_ Civic \_\_\_\_\_ Fraternal \_\_\_\_\_ Educational \_\_\_\_\_ Veterans \_\_\_\_\_**

**DOES ORGANIZATION HAVE A STATE CHARTER AS A NON-PROFIT ORGANIZATION? \_\_\_\_\_**

**ADDRESS WHERE FUNCTION IS TO BE HELD:**

\_\_\_\_\_

**(include street number as well as name & city)**

**DATE(S) OF FUNCTION:** From \_\_\_\_\_ To \_\_\_\_\_

**TIME OF DAY OF FUNCTION:** From \_\_\_\_\_ To \_\_\_\_\_

**LIST DISTRIBUTION OF PROCEEDS FROM EVENT (Please be specific – must be for charity)**

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**PLEASE LIST MEMBERS WHO WILL BE OPERATING, MANAGING, SUPERVISING, AND/OR RUNNING THE GAME OF CHANCE:**

<b>NAME</b>	<b>ADDRESS</b>	<b>DATE</b>	<b>OF BIRTH</b>

**THE ORGANIZATION I AM REPRESENTING AND I, HEREAFTER REFERRED TO AS THE APPLYING ORAGANIZATION, AGREE TO ABIDE BY THE REGULATIONS SET FOURTH BELOW AND REALIZE THAT ANY DEVIATION FROM THESE REGULATIONS COULD RESULTE IN VIOLATION OF THE LAW AND PROSECUTION BY THE STATE OF R.I.**

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 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 advise 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 all 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 name 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 the function.

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**FULL SIGNATURE OF APPLICANT**

**(SUBMIT TO LOCAL POLICE DEPARTMENT OF CITY/TOWN WHERE FINAL DRAWING IS TO BE HELD)**

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

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Shawn Lacey  
Chief of Police  
Westerly, RI