State of California Department of Justice

Application for Registration of Nonprofit Organization Fundraiser

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BGC-SP. 001 (New 7/2007)

PRINT FORM

SUBMIT TO:
Bureau of Gambling Control
P. O. Box 168024
Sacramento, CA 95816-8024
Phone: (916) 263-3408
Fax: (916) 263-0928

For Official Use Only

draft

INSTRUCTIONS:Type or print (in ink) all information requested on this application form. If additional space is needed, please note response on a separate sheet of paper and attach to the application. Any corrections, changes, or other substitutions must be initialed and dated by the applicant.

Applicant must provide a copy of a Certificate of Determination of Exemption from the State Franchise Tax Board showing exemption under Sections 23701a, 23701b, 23701d, 23701e, 23701f, 23701g, 23701k, 23701l, or 23701w of the Revenue and Taxation Code. Specify the organization's tax exempt status as granted pursuant to California Revenue and Taxation Code Section by checking one of the following boxes:

☐ 23701a ☐ 23701b ☐ 23701d ☐ 23701e ☐ 23701f ☐ 23701g ☐ 23701k ☐ 23701l ☐ 23701w

Applications submitted without this information and determination letter will not be accepted and will be returned. Federal 501 tax certifications are NOT acceptable and should NOT be submitted with this application.

1. Name of Organization (*please type or print*)

2. Provide at least one of the following:
Federal Tax Identification Number: _____
Corporate Number: _____
Organization Number: _____
Charitable Trust Number: _____

3. Previous Name of Organization (*if name changed*)

4. DBA (Doing Business As)

5. Contact Person

6. Street Address of Priniciple Office

7. E-Mail Address

City	State	Zip Code	County	Daytime Telephone Number	FAX Number

8. On what date and during what hours will your event be conducted? (a.m. establishes the midnight hour, p.m. establishes the noon hour.)
While fundraising events may exceed 5 hours, ***gaming activities cannot be conducted for more than 5 consecutive hours.***

Date of Fundraiser MM/DD/YYYY	Please list the hours in which controlled games will be conducted.	Estimated Attendance
	▼ **TO** ▼	

9. Location of Fundraiser. Name of building and/or street address of the facility where the fundraiser will be conducted.

City	State	Zip Code	County	Daytime Telephone Number	Office Business Hours

If location has hosted 4 events in calendar year, is it considered rural area as defined in 19986(l)? ☐ YES ☐ NO

No more than four fundraisers at the same location, even if sponsored by different nonprofit organizations, shall be permitted in any calendar year, except in rural areas where preapproved by the Division of Gambling Control. "Rural" shall mean any county with an urban influence code, as established by the latest publication of the Economic Research Service of the United States Department of Agriculture, of "3" or more.

Lessee/Ownership

INSTRUCTIONS: *Attach additional sheets, if necessary, to supply all information for each line.*

10. Does your organization own, lease/rent, or use a donated facility where the fundraiser will be conducted? (*Check one*)

☐ Own ☐ Lease/Rent ☐ Donated

If leased/rented, enter name and address of lessor and attach a copy of your signed lease agreement. If donated, enter name and address of person or entity making the donation.

Name (*Full legal name*)	Address

City	State	Zip Code	County	Office Business Hours	Daytime Telephone Number

11. Does your organization own, lease/rent, or use donated gaming equipment or supplies, to conduct a fundraiser? *(for example card tables, chips, playing cards,etc.)*

☐ Own ☐ Lease/Rent ☐ Donated

If the nonprofit organization will lease/rent or use donated equipment provide information below on the Distributor or Supplier where equipment will be obtained. If you have contracted the services of a person/entity pursuant to 19987(b), please provide the name, address, telephone number and type of service provided.

Name of Distributor or Supplier	Address			Equipment/Service Type
City	State	Zip Code	County	Telephone Number

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Operator Information

12. Please list a person who will be present to manage; and be responsible for the operation and conduct of the fundraiser.

Name/Title	Home Address (Street, City, State, Zip Code)	Driver's License or State ID #	Date of Birth	Daytime Telephone Number

Registration Fee Information

13. The registration fee for a nonprofit organization is based on a sliding scale detetermined by the nonprofit organization's gross annual revenue. The fee should be paid by check or money order payable to the California Department of Justice. Applications cannot be processed without the payment of the appropriate registration fees. Do not send cash.

$25 for a nonprofit organization with gross annual revenue less than $25,000.

$50 for a nonprofit organization with gross annual revenue that is $25,000-$100,000.

$75 for a nonprofit organization with gross annual revenue that is $100,000-$250,000.

$100 for a nonprofit organization with gross annual revenue in excess of $250,000.

Fiduciary Information

14. Please list the Fidicuiary for the nonprofit organization. *For the purpose of this application a fiduciary is defined as an individual with the legal authority and duty to make decisions regarding financial matters on behalf of the eligible nonprofit organization.*

Name/Title	Home Address (Street, City, State, Zip Code)	Driver's License or State ID #	Date of Birth	Daytime Telephone Number

Certification

I certify that I am authorized by the above named nonprofit organization to make application for registration and that I have examined this application for registration, including any accompanying materials, and all information submitted is, to the best of my knowledge and belief, true and correct. I further certify that our nonprofit organization agrees to comply with all applicable laws and administrative regulations regarding charitable gaming in the State of California.

_____ _____

Signature of Fiduciary Date

_____

Printed Name of Fiduciary