

APPLICATION FOR LOCAL SITE AUTHORIZATION
TO CONDUCT GAMES OF CHANCE

CITY OF WILLISTON
OFFICE OF CITY AUDITOR
PO BOX 1306
WILLISTON, ND 58802-1306

Fees (per site): \$ 50.00 for single day
\$100.00 annually

Make checks payable to: City of Williston

Organization License Information

| | | | |
|--|--|---|---------------------------|
| Official, Legal Name of Organization (Do Not Abbreviate): | | Business Telephone: | |
| Business Address: (Street) | City: | State: | Zip Code: |
| Mailing Address: | City: | State: | Zip Code: |
| E-mail Address: | Contact Person: | Official Position of Contact Person: | |
| Is organization recognized as tax exempt by the Internal Revenue Service? If yes, enclose copy of tax exemption letter. (New applicants only.) | | Federal Employer Number (EIN): | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is organization properly registered as a non-profit organization with the North Dakota Secretary of State? | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Type of ELIGIBLE Organization (Check One) | | 6. Is Organization Chartered By: | |
| <input type="checkbox"/> Charitable | <input type="checkbox"/> Public Safety | <input type="checkbox"/> International Organization | |
| <input type="checkbox"/> Civic & Service | <input type="checkbox"/> Public Spirited | <input type="checkbox"/> National Organization | |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Religious | <input type="checkbox"/> State Organization | |
| <input type="checkbox"/> Fraternal | <input type="checkbox"/> Veterans | <input type="checkbox"/> None of the above | |
| How Long has Organization Existed in North Dakota? | | | |
| Name and Title of Organization's Top Executive Official: | | | Daytime Telephone Number: |
| Name and Title of Organization's Authorized Signor: | | | Daytime Telephone Number: |
| List Governing Board Members (Print) The governing board is primarily responsible for properly determining and distributing net proceeds. | | | |
| Name: | Daytime Telephone Number: | Name: | Daytime Telephone Number: |
| Name: | Daytime Telephone Number: | Name: | Daytime Telephone Number: |
| Name: | Daytime Telephone Number: | Name: | Daytime Telephone Number: |
| Name: | Daytime Telephone Number: | Name: | Daytime Telephone Number: |
| Name: | Daytime Telephone Number: | Name: | Daytime Telephone Number: |
| Has the Organization ever been Convicted of a Felony, Class A Misdemeanor Unlawful Gambling or Organized Criminal Activity? | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| NOTICE TO APPLICANTS: **Financial reports/bank records, copies of the organization's charter, constitution, bylaws, articles of incorporation, or similar documents are subject to verification by the State Attorney General's office. | | | |
| I declare the information contained in this application is correct and true; and that I am an authorized signor of the applicant organization's governing board responsible for the conduct of games of chance, and the distribution of proceeds derived from that activity. I agree to abide by City of Williston Code of Ordinances governing Games of Chance. | | | |
| Organization Authorized Signature | | | Date |

Individual Game Site Information *submit a separate page for each site location*

| | | | | | | |
|---|--|---|---|--|--|---|
| Name of location | | | | | | |
| Street | City | ZIP Code | County | | | |
| Beginning Date(s) Authorized | Ending Date(s) Authorized | | Number of twenty-one tables if zero, enter "0": | | | |
| Specific location where games of chance will be conducted <u>and</u> played at the site (required) | | | | | | |
| If conducting Raffle or Poker activity provide date(s) or month(s) of event(s) if known | | | | | | |
| <i>City Use only, RESTRICTIONS, if any:</i> | | | | | | |
| Days of week of gaming operations (only if restricted) | | Hours of gaming (only if restricted) | | | | |
| <p>ACTIVITY TO BE CONDUCTED Please check all applicable games to be conducted at site</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Bingo <input type="checkbox"/> ELECTRONIC Quick Shot Bingo <input type="checkbox"/> Raffles <input type="checkbox"/> ELECTRONIC 50/50 Raffle <input type="checkbox"/> Pull Tab Jar <input type="checkbox"/> Pull Tab Dispensing Device </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Club Special <input type="checkbox"/> Tip Board <input type="checkbox"/> Seal Board <input type="checkbox"/> Punch Board <input type="checkbox"/> Prize Board <input type="checkbox"/> Prize Board Dispensing Device </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Sports Pools <input type="checkbox"/> Twenty-One <input type="checkbox"/> Poker <input type="checkbox"/> Calcutta <input type="checkbox"/> Paddlewheels with Tickets <input type="checkbox"/> Paddlewheel Table </td> </tr> </table> | | | | <input type="checkbox"/> Bingo <input type="checkbox"/> ELECTRONIC Quick Shot Bingo <input type="checkbox"/> Raffles <input type="checkbox"/> ELECTRONIC 50/50 Raffle <input type="checkbox"/> Pull Tab Jar <input type="checkbox"/> Pull Tab Dispensing Device | <input type="checkbox"/> Club Special <input type="checkbox"/> Tip Board <input type="checkbox"/> Seal Board <input type="checkbox"/> Punch Board <input type="checkbox"/> Prize Board <input type="checkbox"/> Prize Board Dispensing Device | <input type="checkbox"/> Sports Pools <input type="checkbox"/> Twenty-One <input type="checkbox"/> Poker <input type="checkbox"/> Calcutta <input type="checkbox"/> Paddlewheels with Tickets <input type="checkbox"/> Paddlewheel Table |
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| Describe primary purpose of the organization and intended uses of gaming proceeds | | | | | | |
| Organization Authorized Signature | | | Date | | | |

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|------------------------|--------------|-------|------|
| OFFICIAL USE ONLY | | | |
| Date Received | Fee Received | PBA # | |
| City Auditor Signature | | | Date |