



IDAHO LOTTERY ENFORCEMENT DIVISION

### Instructions for Renewing Your Organization's Charitable Gaming License

Listed below are the forms required to renew your organization's Charitable Gaming License. Please use this checklist to ensure that your renewal application is complete. A license will not be issued unless all forms have been received, verified and approved. **Please allow a minimum of 30 days for the processing of your renewal application.** A penalty in the amount of \$50.00 will be charged for renewal applications received after the expiration date of the license.

- Charitable Gaming Renewal Application** (three pages)
- Charity and/or Non-Profit to Receive Funds Form**  
Every organization applying for a Charitable Gaming License must state for what purpose the funds raised by bingo and/or raffles will be used. For example, if the funds raised will be donated to another charitable organization(s), list that organization(s). If the funds raised will remain with your organization, list your organization on the form.
- Idaho State Police Background Check Form.**  
**We require Criminal Background Checks every year.** We have included one (1) copy of the Criminal Background Check form in this packet. Please make additional copies as needed.

**A Criminal Background Check form must be completed by: 1) President or Chairman, 2) Treasurer (CFO), and 3) the individual(s) who are DIRECTLY responsible for the fundraising activities.**

- A check for the amount of the license fee payable to Idaho Lottery must accompany the application. The required license fee is based on the organization's gross revenue from bingo and/or raffles during the previous year. The fee schedule is as follows:

Less than \$25,000.....	\$100.00
\$25,000 to \$75,000.....	\$200.00
Over \$75,000.....	\$300.00

- Mail to:** Idaho Lottery  
Attn: Tina Miller  
P.O. Box 6537  
Boise, ID 83707

Please contact Tina Miller, Charitable Gaming Coordinator, Idaho Lottery Enforcement Division if you have any questions or need assistance with the application process.  
Phone: (208) 780-2558  
Email: tmiller@lottery.idaho.gov



IDAHO LOTTERY ENFORCEMENT DIVISION

FOR LOTTERY USE ONLY	
License Number:	
Expiration Date:	

## CHARITABLE GAMING RENEWAL APPLICATION

*Instructions: Please allow two weeks for processing. If the application is incomplete, it will be returned.*

1. Name of organization (please type or print)				2. Daytime telephone number			
3. Federal identification number (FID)				4. Email address			
5. Address of principal office (number and street required)				6. Mailing Address (if applicable)			
City	State	Zip	County	City	State	Zip	County
Contact name				Title		Contact's daytime telephone number	

**7. Name and address of current officers/directors (attach additional sheets if necessary)**

Full Name & Title held in organization	Home Address	Date of Birth	Social Security and Drivers License Numbers		Telephone Numbers
			SSN:	DL:	H:
A			SSN:	DL:	H: W:
B			SSN:	DL:	H: W:
C			SSN:	DL:	H: W:
D			SSN:	DL:	H: W:
E			SSN:	DL:	H: W:
F			SSN:	DL:	H: W:

7. Have any officers/directors listed in #7 above, or on any attachments, been convicted of a felony or misdemeanor within the past ten (10) years in any jurisdiction?  YES  NO

If Yes, in the space below list individual's name and a detailed description of the offense(s), i.e. where, when, charge(s). Attach additional sheets if more space is needed.

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**9. Type of License for which organization is applying:**

- RAFFLE For Raffle only, complete #11     
  BINGO For Bingo only, complete #12     
  RAFFLE and BINGO For Bingo & Raffle, complete #11 & #12

**10. List the physical location where your organization's charitable gaming financial records will be maintained?**

Address		
City	State	Zip

## 11. RAFFLE

**Complete this section if your organization is applying for a license to conduct Raffles or both Bingo & Raffles.**

*(If the organization is applying for a license to conduct Bingo only, skip to #12)*

A. List the person(s) from within your organization who will be responsible for managing raffle operations

Full Legal Name	Home Address (number and street, city, state, zip code)	Title	Home Phone Number

B. RAFFLE DETAILS

Date Ticket Sales Begin: \_\_\_\_\_ Date Ticket Sales End: \_\_\_\_\_

Date Drawing to be Held: \_\_\_\_\_

Address Drawing to be Held: \_\_\_\_\_

List Prizes to be Raffled: \_\_\_\_\_

*Attach separate sheet for raffle information if more space is needed.*

C. CERTIFICATION OF PRIZE OWNERSHIP

We certify that the organization named above as the applicant is the legal owner of all the prizes being offered in our raffle(s).

(Certification must be signed by an authorized officer of the organization)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Title (officer): \_\_\_\_\_

## 12. BINGO

**Complete this section if your organization is applying for a license to conduct Bingos or both Bingo & Raffles.**

A. List the person(s) from within your organization who will be responsible for managing bingo operations

Full Legal Name	Home Address (number and street, city, state, zip code)	Title	Home Phone Number

B. BINGO SESSIONS

Bingo will be held on the following days: (Note: Idaho Code allows each licensed organization to conduct no more than three bingo sessions per week)

<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	<table border="1" style="width: 100%; height: 100%;"> <tr><th style="text-align: center;">Hours</th></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>	Hours					<input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<table border="1" style="width: 100%; height: 100%;"> <tr><th style="text-align: center;">Hours</th></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>	Hours				
Hours													
Hours													

C. List the organization's separate and segregated charity bingo checking account information

Account	Name of Bank	Address (number & street)	City	State	Zip	Account Number
Charitable Bingo						
Names of Authorized Signers:						
1. _____		2. _____		3. _____		

D. List the manufacturer(s) and/or distributor(s) from whom you intend to purchase bingo supplies

Name	Address (number & street)	City	State	Zip	Items

E. Does your organization own bingo equipment or devices?  Yes  No

*If yes, list the distributor/manufacturer's name, date of purchase, purchase price and type of equipment purchased.*

Name of distributor/manufacturer	Date of Purchase	Purchase Price	Type of Equipment

# CERTIFICATION

*\*Note: Must be filled out and signed by an authorized officer of the organization.*

I, \_\_\_\_\_, as the \_\_\_\_\_  
Name Title (office held)

acknowledge, understand and agree that by applying for and accepting any Charitable Gaming license renewal from the Idaho State Lottery Commission, I am certifying to the Commission that:

1. Under the penalty of perjury, that there are no misrepresentations or falsifications in the information stated in this application. (Note: Under Idaho Code 67-7425, it is a felony to willfully omit disclosure or provide false information.)
2. I have read Idaho Code Title 67, Chapter 77 Bingo and Raffles ("Statute") which can be accessed at <https://legislature.idaho.gov/statutesrules/idstat/title67/t67ch77/> and IDAPA 52.01.03 Administrative Rules ("Rules") which can be accessed at <https://adminrules.idaho.gov/rules/current/52/520103.pdf> and I understand the requirements of the Statute and Rules. (Note: If you do not have access to the internet please contact the Charitable Gaming Coordinator at 208-780-2558 and a copy of the Statute and rules will be provided.)
3. I understand and agree that the operation of bingo sessions or games or charitable raffles shall be the direct responsibility of, and controlled by, the governing body of the organization as listed on the application
4. I am signing this Certification with the knowledge that the Licensee will be subject to disciplinary action, including civil penalties and/or revocation or suspension of the License, for failure to comply with the Statute or Rules.

Name of Organization:	
Printed Full Legal Name (Last, First, Middle)	
Signature	Date:

**Mail completed application to:**  
Idaho Lottery Enforcement Division  
P.O. Box 6537, Boise, ID 83707-6537



**IDAHO STATE POLICE  
BUREAU OF CRIMINAL IDENTIFICATION  
NAME BASED CRIMINAL BACKGROUND CHECK FORM  
of the Idaho Central Repository of Criminal History Records  
Conducted for the Idaho Lottery**



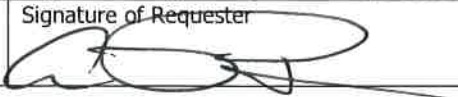
*Please print clearly in blue or black ink only. **Illegible forms will be returned for clarification.***

**Incomplete forms will be returned unprocessed.**

<b>REQUEST</b>			
Please provide an Idaho Criminal History on the individual named below.			
Last Name	First Name	Middle Name	
Alias Names (Include Maiden/prior Married Names) <b>Please provide both first and last name.</b>			
Date of Birth (mm/dd/yyyy)	Social Security Number (optional)	Sex	Race
Address	City	State	Zip
<b>WAIVER</b>			
Idaho law does <b>not</b> require a waiver. However, without a signed waiver from the subject of the record, any arrest more than 12 months old, <b>without</b> a disposition, cannot be given to a non-criminal justice agency. Any waiver other than this waiver will not be accepted.			
I hereby give permission for the requester, named below, to receive any information maintained by the Idaho Bureau of Criminal Identification concerning myself.			
_____ Signature		_____ Date	
<i>This signature on the waiver must be within 180 days of the name check submission.</i>			

**TO BE COMPLETED BY IDAHO LOTTERY**

**Incomplete forms will be returned unprocessed.**

Requesting Person or Company  IDAHO LOTTERY PLEASE BILL BCI0059	Address of Requester (Results will be mailed to this address) Street <u>1199 SHORELINE LANE, SUITE 100</u> City, State & Zip Code <u>BOISE, ID 83702</u>
Printed Name of Requester (Print Legibly)  Tony Pittz	Signature of Requester  Phone Number of Requester  208-334-2277

**General Information:**

Idaho law does not require a person to give consent. However, without a signed release from the subject of record, any arrest more than 12 months old, without a disposition, cannot be given to a non-criminal justice agency. **Results of a Name Based Criminal Background check cannot be notarized.**

Criminal history record information furnished as a result of a non-fingerprint based computerized search is based solely on a search of identifiers provided in the request. Be aware it is not uncommon for criminal offenders to use alias names and false dates of birth, which would adversely affect the completeness and accuracy of a non-fingerprint based search of the Idaho Central Repository of Criminal History Records. No other state or federal agency records can be searched under current law. The bureau does not telephone or fax responses. Please allow ample time for processing this request. Requests are processed on a first come basis.

The records maintained by the Idaho Bureau of Criminal Identification (BCI) are based upon the felony and serious misdemeanor arrests reported to BCI from other Idaho criminal justice agencies. If a person disputes the accuracy of information obtained, that person may challenge the information by writing to the address on this form.

Idaho code 67-3008 (6) states, "A person or private agency or public agency, other than the department, shall not disseminate criminal history record information obtained from the department to a person or agency that is not a criminal justice agency or court without a signed release of the subject of record unless otherwise provided by law.

Return Completed form to:  
Idaho Lottery Enforcement Division  
PO Box 6537  
Boise, ID 83707

Checks conducted for the Idaho Lottery by:  
Bureau of Criminal Identification  
Idaho State Police  
Meridian, ID

