



CHECKLIST FOR SMALL GAMES OF CHANCE LICENSE APPLICATION

The following items **MUST** be provided in order to obtain a Small Games of Chance license. Organizations that do not provide the required items noted below may be ineligible to receive a license.

1. ___ **PAYMENT ENCLOSED:** Check, money order or cashier's check made payable to the "York County Treasurer" must be enclosed with the application.
2. ___ **INCORPORATED:** Enclose a copy of the applicant's Articles of Incorporation. (Initial applications only)
3. ___ **NON-INCORPORATED:** Enclose a copy of bylaws or other legal documents that define the organization's structure and purpose. (Initial applications only, unless bylaws have been amended)
4. ___ **NON-PROFIT STATUS:** Enclose a copy of the applicant's Internal Revenue Service tax exemption approval letter/determination letter or official documentation indicating the applicant is a non-profit charitable organization. (Initial applications only)
5. ___ **LEASE OR RENTAL AGREEMENT:** Enclose copies of all written lease or rental agreements between the applicant and the owner of the premises upon which the games of chance will be conducted, if such premises are rented or leased. If premises are owned, please provide a copy of the deed.
6. ___ **DEPARTMENT OF REVENUE ANNUAL REPORT: Effective 07/01/2015**
Club licensees (applicants with liquor licenses) only — with proceeds of \$20,000 or more:
Enclose the most recent annual report filed with the Pennsylvania Department of Revenue.
7. ___ **MONTHLY LICENSE:** In Section 10, state the first day of the 30-day period for which you wish to have the license issued. No activity can take place prior to this date, including ticket sales or promotions, and all activity must end 30 days from the issue date. Multiple 30-day licenses may be purchased, if necessary.
8. ___ **SCHEDULE A:** Check which type(s) of games of chance the organization will be conducting.
9. ___ **SCHEDULE B:** Name, home address, home telephone number and date of birth for each officer, director, owner or partner. PLEASE USE A SEPARATE PIECE OF PAPER AS THERE IS NOT ENOUGH ROOM PROVIDED FOR THIS AREA OF THE APPLICATION.
10. ___ **SCHEDULE C:** Name, home address, home telephone number and date of birth for each person that will be in any way involved in the operation of your small games of chance. (i.e., selling raffle tickets, pull-tabs, punchboards, etc.; handling money; pulling winning names/tickets; dispensing prizes) PLEASE USE A SEPARATE PIECE OF PAPER AS THERE IS NOT ENOUGH ROOM PROVIDED FOR THIS AREA OF THE APPLICATION.
11. ___ **SCHEDULE D:** Name, state-issued license number, address and telephone number of approved distributor for pull-tab games, race night games, and punchboards.
12. ___ **SCHEDULE E:** Name of auxiliary group(s) that will be conducting games of chance under the applicant's license.
13. ___ **NOTARIZATION:** Application is to be signed IN THE PRESENCE OF A NOTARY BY YOUR PRESIDENT OR SECRETARY. Your organization may attach a resolution letter that grants authority to an individual other than the president or secretary to act as your small games of chance license representative. PLEASE NOTE: Notarization must be done in Pennsylvania.

***Applications are to be submitted at least 30 days prior to expiration of your current license.
You will be notified by telephone if your application is missing any
documentation or information.***

***Applications that do not include all necessary documentation or information will be held in
the Treasurer's Office for 14 days in a pending status. After that time period, incomplete
applications will be made inactive and returned to the organization, along with the payment.***