



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
DEPARTMENT OF STATE  
DIVISION OF PROFESSIONAL REGULATION  
BOARD OF CHARITABLE GAMING

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: DPR.DELAWARE.GOV

### INSTANT BINGO PERMIT APPLICATION

1. Is your organization a Volunteer Fire Company, a Veterans' Organization, a Religious or Charitable Organization, or a Fraternal Society? Yes  No  If Yes, check the appropriate box:

- Volunteer Fire Company       Veterans Organization       Religious Organization
- Charitable Organization       Fraternal Society

Under Delaware law (Article II, Section 17A of the state Constitution), the Board of Charitable Gaming can license only volunteer Fire Companies, Veterans' Organizations, Religious or Charitable Organizations, or Fraternal Societies to conduct bingo and the Companies, Organizations or Societies must operate in a manner so as to come within the provisions of Section 170 of the *Internal Revenue Code*.

2. Is this is your first application for a permit in Delaware? Yes  No

If Yes, you must submit copies of your

- IRS affirmation letter, and
- formation documents (e.g., articles of incorporation, constitution, by-laws, charter, etc.)

If No, your signature on this application certifies that the documents currently on file with this office have not changed.

3. Are you relying on a group exemption letter issued to your parent organization? Yes  No

If Yes, you must submit a

- letter from your parent organization (on its letterhead) specifically stating that your organization is properly affiliated and permitted to hold this event, and
- current copy of the parent organization's IRS group exemption letter.

If you do not have a letter from the IRS verifying your status as an *Internal Revenue Code* Section 170 tax-exempt organization, you may apply to the IRS for Section 170 non-profit tax exempt status. See [www.irs.gov](http://www.irs.gov).

Only bona fide active members will assist in the conduct of the games. They all are of good moral character and have never been convicted of a crime involving moral turpitude. A current listing of such members is being maintained at the organization's business office, in conformance with 28 *Del. C.*, §1132 (b) (2).

4. Legal Name of Organization: \_\_\_\_\_

The Organization's name should be the same as the one contained on its Internal Revenue Service Exempt Revenue Organization Affirmation (non-profit, tax-exempt) Letter and its formation documents (e.g., articles of incorporation, constitution, by-laws, charter, etc.).

5. DBA (Doing Business As) Name of the event's Qualified Organization (if different than the Applicant name): \_\_\_\_\_

Qualified Organization is a defined term. See Title 24, *Delaware Administrative Code*, Regulation 401, Section 1.0.

6. Organization's EIN or Federal ID Number: \_\_\_\_\_ - \_\_\_\_\_

7. Enter the **official mailing address** of the Organization:

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

8. Select where you want the permit(s) sent (check one option):

- Organization's Official Mailing Address in Question 6.  
 Organization's Email. Enter email address: \_\_\_\_\_  
 Organization's Fax. Enter fax number: \_\_\_\_\_

Regardless of the delivery method selected, you are responsible for verifying that the delivery information provided is legible, complete and correct. You are also responsible for monitoring the delivery method you choose. For example, if you select email delivery, it is your responsibility to monitor the incoming email. Note that a "SPAM filter" may cause the email with the permit attached to go to a "SPAM" or "JUNK" folder.

9. Enter this information about the **physical location** where the Instant Bingo game(s) is to be held:

Building Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Instant Bingo sales must conclude by 1:00 a.m.**

10. Will the event be held on the applicant's premises? Yes  No  If No, submit a letter from the premises owner (on owner's letterhead) or a copy of the lease or rental agreement. In addition submit a separate written request (with supporting reasons) why the function is being held on other premises. *The Board reserves the right to accept or reject any application for the conduct of a function on specially leased or donated premises.*

11. Name of Member(s) in Charge:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Suffix: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Suffix: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

12. State the purpose for which the funds generated from this event(s) will be used:

**Please Take Note:** To assure consideration of an application at a meeting, the Board office must receive all of these items no later than 4:30 p.m. ten full working days before the meeting date:

- Completed, signed and notarized application form,
- Fee payment, and
- All required documentation.

### AFFIDAVIT

STATE OF DELAWARE

County of \_\_\_\_\_

Under penalties of perjury I do hereby state that all statements in the foregoing report are true and correct. If a license is granted, the undersigned will be responsible for the conduct of such game in accordance with the terms of this chapter, the license and the rules and regulations governing the conduct of such games.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Applicant's Signature

SWORN to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 2\_\_\_\_\_

Notary Public (Seal)

Signature: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

