**GL-1 GAME NIGHT SPONSOR PERMIT APPLICATION**

**CONDITIONS OF PERMIT**

**Sponsors** - An exempt organization, an employer of 25 or more employees, or a trade association of 25 or more members

**Exempt organization** – An organization that has been in continuous existence for at least five years and that is exempt from taxation under section 501(c)(3), 501(c)(4), 501(c)(5), or 501(c)(6) of the United States Internal Revenue Code

**Prizes** – No games at a game night event may be played for cash or a cash prize. Prizes shall be awarded only through a raffle. Participants may exchange chips, markers, or tokens from the game night event for raffle tickets. For purposes of this subsection, the term "cash prize" includes gift cards that are issued by a financial institution or its operating subsidiary and that are usable at multiple unaffiliated sellers of goods or services.

**Qualified Facility** – A facility that has any of the following permits: a. On-premises malt beverage. b. On-premises unfortified wine. c. On-premises fortified wine. d. Mixed beverages.

This application and $100 fee must be submitted 30 days in advance of an event

1. Name of Exempt Organization/Employer or Trade Association: ________________________________

2. Administrative Address: Street ____________________________________________________________________________
   City: ________________________ County: __________________________ State: ___ Zip Code: ______________

3. Mailing Address if different from above: Street ____________________________________________________________________________
   City: ________________________ County: __________________________ State: ___ Zip Code: ______________

   Select One:

4a. ☐ Exempt organization: Federal Tax I.D. Number ____________________

   **Exempt organization must include tax documents with application.** A copy of the determination letters from the IRS (1-877-829-5500) and the North Carolina Department of Revenue (1-877-252-3052) indicating that the organization is exempt and stating the section under which the exemption is granted is required.

4b. ☐ Employer or ☐ Trade Association: Number of employees or members ____________________

   Only employers and Trade Associations with 25 or more employees or members are authorized to hold game night events.

5. Reason for event: ________________________________
6. **Point of contact for event**: Name ___________________________ Telephone: ( ____ )_________-_________

7. **Facility information, state below the location of the game night event**:

   Business name/ABC Outlet Trade Name: ___________________________ ABC File #: __________________

   Address: Street _____________________________________________________________________________

   City: ________________________ County: ______________________ State: ___  Zip Code: ______________

8. **Date, Time and Duration of event**: _______________________________________________________________________________________________________

9. **Vendor Information**. Name and address of the person, firm or corporation who will operate the devices:

   Business Name: ____________________________ Vendor Permit Number: ___________________________

   Point of contact of Vendor: Name ________________________ Telephone: ( ____ )_________-_________

   Vendor relationship, if any, to organization holding game night event: ________________________________

10. **Please select the types of device(s) that will be used at your event**:  
    - □ Roulette  
    - □ Blackjack  
    - □ Poker  
    - □ Craps  
    - □ Simulated horse race  
    - □ Merchandise wheel of fortune

    **CERTIFICATE**

    I certify that all of the information provided in this application is true and accurate to the best of my knowledge and belief, that I have read and understand the foregoing conditions and was provided a copy of the gaming statutes for the State of North Carolina.

    _____________________________  ___________________________________________  ____________
    Print name of individual applying for permit   Signature and title of officer of organization                        Date

    Telephone number of organization  Daytime telephone number

    _____________________________  ______________________________________ County, NC

    I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document

    _____________________________
    Name(s) of principal(s)

    _____________________________
    Date

    _____________________________  ______________________  ______________________________________
    (Official Seal)         _________________________________________

    Official Signature of Notary

    _____________________________, Notary Public

    Notary’s printed or typed name

    My commission expires ______________________

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**Game night fee is enclosed**: $100.00 (checks payable to NC ALE-Game Night)  
**Mailing address**: ALE-Game Night  
3320 Garner Road  
Raleigh, NC 27610