

ALCOHOL LAW ENFORCEMENT BRANCH -GAMING LICENSING SECTION
3320 GARNER ROAD
RALEIGH, NORTH CAROLINA 27610
919-733-4060

◆GL-2 GAME NIGHT VENDOR LICENSE APPLICATION◆

CONDITIONS OF LICENSE

Approved devices -The following devices may be provided by any vendor: roulette, blackjack, poker, craps, simulated horse race, and merchandise wheel of fortune.

No cash prizes - No devices at a game night event may be played for cash or a cash prizes. Prizes shall be awarded only through a raffle. Participants may exchange chips, markers, or tokens from the game night event for raffle tickets.

Restrictions on employees - A person, firm, or corporation with a game night vendor permit may not employ a person that meets any of the following disqualifying conditions: (1) Has a conviction for any violation of State or federal gambling laws within the five years prior to the date of employment; (2) Has pending charges for any violation of State or federal gambling laws; (3) Is subject to an active criminal or civil court order prohibiting involvement in gambling activities; (4) Has a conviction for any felony.

Devices - A gaming table or other gaming equipment possessed or transported for use in a game night event must be registered with the Alcohol Law Enforcement Branch of the Department of Public Safety and must have a sticker affixed with a unique number. A fee of twenty-five dollars (\$25.00) shall be charged for each sticker and each sticker shall be renewed annually. The Alcohol Law Enforcement Branch may inspect, without prior notice, any device or other equipment used in a game night event at any time immediately prior to or during the game night event.

This application and \$2,500 fee must be submitted 30 days in advance of an event

1. Vendor Name: _____ 2. License Number: _____

3. Doing Business As (DBA): _____

4. Vendor Address: Street _____

City: _____ County: _____ State: _____ Zip Code: _____

5. Mailing Address if different from above: Street _____

City: _____ County: _____ State: _____ Zip Code: _____

6. Email Address: _____ 7. Telephone: (_____) _____ - _____

8. Date of Birth: _____ 9. Social Security Number: _____

10. NC Driver's License Number (a copy must be submitted with this application): _____

