

GC-2A

APPLICATION FOR GAMES OF CHANCE LICENSE

NYS RACING & WAGERING BOARD
1 Broadway Center, Suite 600
Schenectady, NY 12305-2553
Telephone (518) 395-5400 Fax (518) 347-1469
www.racing.state.ny.us



Form with 15 boxes for Name of Organization, GC- [] - [] - [] - [] NYS Identification Number, and [] / [] / [] Date.

SCHEDULE 1: OFFICERS AND DIRECTORS

List names, addresses and dates of birth of all officers.

If organization is a corporation, or an incorporated or unincorporated association, list officers and directors.

Table with 6 columns: TITLE, NAME, DATE OF BIRTH, STREET ADDRESS, CITY, ZIP. Multiple rows for listing officers and directors.

Attach additional sheet if necessary.

SCHEDULE 2: MEMBERS IN CHARGE OF GAMES

(MUST LIST AT LEAST FOUR MEMBERS OF APPLICANT ORGANIZATION)

Table with 6 columns: NAME, DATE OF BIRTH, YEARS OF MEMBERSHIP, STREET ADDRESS, CITY, ZIP. Multiple rows for listing members in charge of games.

SCHEDULE 3: AUXILIARY/AFFILIATE ORGANIZATIONS ASSISTING AT GAMES

(MAXIMUM OF 2 AUXILIARIES/AFFILIATES. EACH AUXILIARY/AFFILIATE LISTED MUST HAVE ITS OWN ID NUMBER.)

NAME OF AUXILIARY/AFFILIATE

GAMES OF CHANCE ID NUMBER

Two horizontal lines for entering auxiliary/affiliate name.

Two horizontal lines for entering games of chance ID number.



SCHEDULE 4: ASSISTANTS TO MEMBERS IN CHARGE OF GAMES

List all members of applicant organization and members of authorized affiliates and auxiliary who will assist with games. Each person listed must be a member of applicant organization or affiliate for at least 1 year.

YEARS OF

MEMBER NAME	DATE OF BIRTH	MEMBERSHIP	STREET ADDRESS	CITY	ZIP
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Attach additional sheet if necessary.

