

APPLICATION FOR LOCAL SITE AUTHORIZATION
TO CONDUCT GAMES OF CHANCE

CITY OF WILLISTON

OFFICE OF CITY FINANCE DIRECTOR
PO BOX 1306
WILLISTON, ND 58802-1306

Fees (per site): \$ 50.00 for single day
\$100.00 annually
Fees are non-refundable

Make checks payable to: City of Williston

Organization License Information

Official, Legal Name of Organization (Do Not Abbreviate):		Business Telephone:	
Business Address: (Street)	City:	State:	Zip Code:
Mailing Address:	City:	State:	Zip Code:
E-mail Address:	Contact Person:	Official Position of Contact Person:	
Is organization recognized as tax exempt by the Internal Revenue Service? If yes, enclose copy of tax exemption letter. (New applicants only.)		Federal Employer Number (EIN):	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is organization properly registered as a non-profit organization with the North Dakota Secretary of State?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of ELIGIBLE Organization (Check One)		6. Is Organization Chartered By:	
<input type="checkbox"/> Charitable	<input type="checkbox"/> Public Safety	<input type="checkbox"/> International Organization	
<input type="checkbox"/> Civic & Service	<input type="checkbox"/> Public Spirited	<input type="checkbox"/> National Organization	
<input type="checkbox"/> Educational	<input type="checkbox"/> Religious	<input type="checkbox"/> State Organization	
<input type="checkbox"/> Fraternal	<input type="checkbox"/> Veterans	<input type="checkbox"/> None of the above	
How Long has Organization Existed in North Dakota?			
Name and Title of Organization's Top Executive Official:		Daytime Telephone Number:	
Name and Title of Organization's Authorized Signor:		Daytime Telephone Number:	
List Governing Board Members (Print) The governing board is primarily responsible for properly determining and distributing net proceeds.			
Name:	Daytime Telephone Number:	Name:	Daytime Telephone Number:
Name:	Daytime Telephone Number:	Name:	Daytime Telephone Number:
Name:	Daytime Telephone Number:	Name:	Daytime Telephone Number:
Name:	Daytime Telephone Number:	Name:	Daytime Telephone Number:
Name:	Daytime Telephone Number:	Name:	Daytime Telephone Number:
Has the Organization ever been Convicted of a Felony, Class A Misdemeanor Unlawful Gambling or Organized Criminal Activity?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
NOTICE TO APPLICANTS: **Financial reports/bank records, copies of the organization's charter, constitution, bylaws, articles of incorporation, or similar documents are subject to verification by the State Attorney General's office.			
I declare the information contained in this application is correct and true; and that I am an authorized signor of the applicant organization's governing board responsible for the conduct of games of chance, and the distribution of proceeds derived from that activity. I agree to abide by City of Williston Code of Ordinances governing Games of Chance.			
Organization Authorized Signature		Date	

Individual Game Site Information *submit a separate page for each site location*

Name of location			
Street	City	ZIP Code	County
Beginning Date(s) Authorized	Ending Date(s) Authorized		Number of twenty-one tables if zero, enter "0":
Specific location where games of chance will be conducted <u>and</u> played at the site (required)			
If conducting Raffle or Poker activity provide date(s) or month(s) of event(s) if known			
<i>City Use only, RESTRICTIONS, if any:</i>			
Days of week of gaming operations (only if restricted)		Hours of gaming (only if restricted)	
ACTIVITY TO BE CONDUCTED Please check all applicable games to be conducted at site			
<input type="checkbox"/>	Bingo	<input type="checkbox"/>	Club Special
<input type="checkbox"/>	ELECTRONIC Quick Shot Bingo	<input type="checkbox"/>	Tip Board
<input type="checkbox"/>	Raffles	<input type="checkbox"/>	Seal Board
<input type="checkbox"/>	ELECTRONIC 50/50 Raffle	<input type="checkbox"/>	Punch Board
<input type="checkbox"/>	Pull Tab Jar	<input type="checkbox"/>	Prize Board
<input type="checkbox"/>	Pull Tab Dispensing Device	<input type="checkbox"/>	Prize Board Dispensing Device
<input type="checkbox"/>	ELECTRONIC Pull Tab Device	<input type="checkbox"/>	Sports Pools
		<input type="checkbox"/>	Twenty-One
		<input type="checkbox"/>	Poker
		<input type="checkbox"/>	Calcutta
		<input type="checkbox"/>	Paddlewheels with Tickets
		<input type="checkbox"/>	Paddlewheel Table
Describe primary purpose of the organization and intended uses of gaming proceeds			
Organization Authorized Signature			Date

OFFICIAL USE ONLY		
Date Received	Fee Received	PBA #