

GC-2A

APPLICATION FOR GAMES OF CHANCE LICENSE

NYS RACING & WAGERING BOARD
1 Watervliet Ave. Ext., Suite 2
Albany, NY 12206-1668
Telephone (518) 453-8460 Fax (518) 453-8492
www.racing.state.ny.us



Form for Name of Organization, 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 columns: TITLE, NAME, DATE OF BIRTH, STREET ADDRESS, CITY, ZIP

Attach additional sheet if necessary.

SCHEDULE 2: MEMBERS IN CHARGE OF GAMES

(MUST LIST AT LEAST FOUR MEMBERS OF APPLICANT ORGANIZATION)

Table with columns: NAME, DATE OF BIRTH, YEARS OF MEMBERSHIP, STREET ADDRESS, CITY, ZIP

SCHEDULE 3: AUXILIARY/AFFILIATE ORGANIZATIONS ASSISTING AT GAMES

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

Form for NAME OF AUXILIARY/AFFILIATE and GAMES OF CHANCE ID NUMBER



