



Division of Charitable Gaming

GC-6 Application to Amend

Please Check:

Bell Jar Games of Chance Raffle

Must be conspicuously displayed along with license (GC-5)

Games of Chance Identification Number:

Municipal License Number: Fee Received (only if applicable): \$ Date:

Name of Organization:

Address: (Organization) Street Address City/Town/Village Zip Code

Address: (Where games will be conducted) Street Address City/Town/Village Zip Code

Application is hereby made to amend the above numbered license. The amended information is contained in the schedules which are checked below and attached, and are to replace the schedules previously filed.

- Schedule 1. Officers and Directors
Schedule 2. Members in Charge of Games
Schedule 3. Auxiliary/Affiliate Organizations Assisting at Games
Schedule 4. Assistants to Members in Charge of Games
Schedule 5. Dates, Hours and Rent of All License Periods to be Held
Schedule 6. Expenses
Schedule 7. Types of Games

If any other information furnished on original application is to be changed, show amended data below.

Multiple horizontal lines for providing amended data.

I swear (or affirm):

1. That ALL the attached Schedules are a material part hereof and are incorporated herein as if set out in full in the application. All the answers contained in this application are a material part hereof.
2. That the entire net proceeds of all games of chance shall be devoted exclusively to one or more of the "lawful purposes" as defined in the Games of Chance Licensing Law and the Rules and Regulations of the NYS Gaming Commission.
3. That for each license period for which a license is sought, one or more of the active members under whose supervision the games are to held, operated and conducted, who is familiar with the Games of Chance Licensing Law, the Rules and Regulations of the NYS Gaming Commission and local licensing ordinances or laws, will be present at all times, in charge and primarily responsible for the conduct of games.
4. That the undersigned will be responsible for the holding, operation and conduct of all games of chance in accordance with terms of the license, the provisions of the Games of Chance License Law, the Rules and Regulations of the NYS Gaming Commission and with the provisions of the local licensing ordinances or laws.
5. That the undersigned has read and is familiar with the provisions of the Games of Chance Licensing Law, the Rules and Regulations of the NYS Gaming Commission, and the local licensing ordinances or laws.
6. That no commissions, salary, compensation, reward or recompense will be paid to any person for holding or assisting in the operating or conducting of the games, except to bookkeepers or accountants for professional service in an amount not exceeding that fixed by the NYS Gaming Commission.

Signature of Head of Organization

Print Name

Print Title

Date

_____ being duly sworn and says that he/she is the person above named, that
 (Print Name of Applicant)
 he/she has read the foregoing statement and the answer therein noted, and that such answers are true and that he/she has personally affixed his/her signature to this affidavit.

NOTARY STAMP

Sworn to before me on this _____ day of _____, 20_____

(Signature of Applicant)

(Signature of Notary Public)

To be completed by Municipal Clerk:

Issued by: _____

Title: _____
(Name of Municipality)

Signature: _____

Date: _____