



AMBER MARTIN
County Treasurer

The County of Lancaster
Office of the County Treasurer
150 North Queen Street, Suite 122
Lancaster, PA 17608-1447

PHONE 717-299-8226
FAX 717-390-2319
www.co.lancaster.pa.us

Eligible Organization Games of Chance Application Checklist

The following items must be provided to obtain a Small Games of Chance license. Organizations that do not provide the required items noted below may be ineligible to receive a license.

Section One:

***Submitter's Name & Date:** _____

***Organization's Name:** _____

- 1. Non-Profit Status: Enclose a copy of the applicant's Internal Revenue Service tax exemption approval letter or official documentation indicating the applicant is a non-profit charitable organization.
- 2. Incorporated: Enclose a copy of the applicant's Articles of Incorporation.
- 3. Non-Incorporated: Enclose a copy of bylaws or other legal documents that define the organization's structure and purpose.
- 4. Department of Revenue Annual Report: Effective 7/1/15 Club licenses with liquor licenses and proceeds of \$20,000 or more: attach the most recent annual report filed with the PA Department of Revenue or waiver.
- 5. Lease or Rental Agreement: Enclose copies of all written lease or rental agreements between the applicant and the owner of the premises upon which the games of chance will be conducted, if such premises are rented or leased. If premises are owned, please provide copy of the deed, **or** ask Treasurer staff to verify ownership in their system.
- 6. Sections 1-12 and Schedule A-E: All parts must be completed in their entirety. Please review the instructions for additional information. Attach additional sheets where needed.
- 7. Monthly License: In Section 10 state the first day of the 30-day period for which you wish to have the license issued. No activity can take place prior to this date, including ticket sales or promotions and all activity must end 30 days from the issue date.
- 8. Notarization: The signature of the applicant must be completed by the President or Secretary in the presence of a Notary in the Commonwealth of Pennsylvania. Make sure the Notary completes their section in its entirety.
- 9. **Payment Enclosed:** Check, money order, or cashier's check made payable to the Lancaster County Treasurer must be enclosed with the application.

Standard Small Games of Chance License - valid for one (1) year from the date of issuance and has a \$2,000.00 prize limit. Renewable annually. Valid one (1) year from the date of issue.	\$125.00
Special Raffle Permit - this permit can be obtained by any organization holding a valid license and allows one (1) raffle per permit with an individual prize more than \$2,000.00.	\$ 25.00
One Month License - this license is valid for thirty (30) consecutive days only and has a \$2,000.00 prize limit.	\$ 25.00



AMBER MARTIN
County Treasurer

The County of Lancaster
Office of the County Treasurer
150 North Queen Street, Suite 122
Lancaster, PA 17608-1447

PHONE 717-299-8226
FAX 717-390-2319
www.co.lancaster.pa.us

Section Two:

Small Games of Chance Annual Report Waiver

On this _____ day of _____, 20____, I hereby affirm that

_____ did not exceed \$20,000 in Small Game of Chance
(organization)

proceeds for the prior year and is not required to file a Small Games of Chance Annual Report with the Pennsylvania Department of Revenue.

Signature

Printed Name

This two-page completed checklist and your payment must accompany your application. The Treasurer's staff will review your application and sign off on this form that all application components have been received by our office. Applications are to be submitted at least 30 days prior to the expiration of your current license.

Applicants will be notified via e-mail if the application cannot be processed due to missing documents or information. As a result of such notification, the Treasurer's Office will hold the application in a pending status for 15 days. After that time, incomplete applications will be made inactive, and paperwork and check will be destroyed.

*****THIS SECTION TO BE COMPLETED BY TREASURER'S OFFICE*****

Date License Approval/Rejection Sent to Applicant _____

Treasurer Employee Printed Name & Date _____

Payment Amount Received & Check Number _____