



NEW HAMPSHIRE
LOTTERY COMMISSION

**Investigation &
Compliance Division**

**CHARITABLE ORGANIZATION
ELIGIBILITY DETERMINATION
APPLICATION**

OFFICIAL USE ONLY

Vetted Year: _____

Reviewer: _____

Date: _____

1. CHARITABLE ORGANIZATION'S INFORMATION

Organization's Name: _____

Organization's Address: _____

Street/PO Box

City/Town

State

Zip

Phone Number: _____

Organization's Email: _____

2. ELIGIBILITY REQUIREMENTS

IRS: Employer Identification Number (EIN): _____

Tax Exempt Status 501(c) _____

NH Secretary of State: Business ID #: _____

Registered "Domestic Nonprofit Corporation"? ☐ Yes ☐ No

NH Charitable Trusts Unit: Registration # (501(c)(3)'s only): _____

Charitable Purpose: Provide a brief description of the organization's charitable purposes, including how the organization's efforts benefit New Hampshire.

3. CONTACT INFORMATION OF ORGANIZATION LEADERS

Name of the Head of Organization/Leader: _____

Position Title: _____

Head of Organization/Leader's Legal Address: _____

Street/PO Box

City/Town

State

Zip

Personal Phone Number: _____

E-mail: _____

Name of Treasurer/Financial Officer: _____

Position Title: _____

Treasurer/Financial Officer's Legal Address: _____

Street/PO Box

City/Town

State

Zip

Personal Phone Number: _____

E-mail: _____

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4. LIST OF MEMBERS

Provide the following information for ALL officers (including those listed in section 3) AND any members or employees (including gaming consultants) that participate in the operation of charitable gaming. If additional space is needed, please complete “Charitable Organization Eligibility Determination List of Members Continuation” form.

Individuals convicted of a felony within 10 years, or a misdemeanor involving falsehood or dishonesty within 5 years that have not been annulled by a court cannot participated in the operation of charitable gaming.

| TITLE (Commander, Treasurer, Member, etc.) | NAME | CONTACT INFORMATION | INVOLVEMENT (Sales, Handling Money, Filing Paperwork, Operating Games, etc.) |
|--|-------------|--------------------------------------|--|
| | | Legal Address: Phone #: Email: | |
| | | Legal Address: Phone #: Email: | |
| | | Legal Address: Phone #: Email: | |
| | | Legal Address: Phone #: Email: | |
| | | Legal Address: Phone #: Email: | |
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5. ATTESTATION

I hereby certify that I am an official of the Charitable Organization authorized to sign and submit this application. I further certify, under penalty of unsworn falsification pursuant to RSA 641:3, that the information provided on this form and on any of the supporting documentation submitted with this application is true, accurate and complete, and that there are no willful misrepresentations in, or falsifications of the information provided herein. I acknowledge that giving false information is grounds for denial, suspension, or revocation of a gaming license.

*Signature of Authorized Official**

Printed Name

Date

**The individual signing the application must be one of the people identified in Section 4 above. Proof of authority may be required.*

**INSTRUCTIONS FOR COMPLETING A CHARITABLE ORGANIZATION
ELIGIBILITY DETERMINATION APPLICATION**

A. SUBMITTING THE APPLICATION

This application must be received by the New Hampshire Lottery Commission at least 60-days prior to the organization's first proposed game date.

Submit the completed application to:

NEW HAMPSHIRE LOTTERY COMMISSION
ATTN: INVESTIGATION & COMPLIANCE DIVISION
14 INTEGRA DR, CONCORD, NH 03301

If eligibility requirements are deemed to be incomplete or incorrect, all documents **will be returned**, which **will** delay processing.

Please be aware that submission of a "*Game Date Request Form*" may also be required before a charitable organization can be authorized to operate charitable gaming.

If any information provided on or with the application changes or is found to be inaccurate, the applicant must submit updated or corrected information to the NH Lottery's Investigation & Compliance Division within 10 days of the event that resulted in the change, or discovery of the inaccuracy.

B. QUESTIONS OR CONCERNS

Questions in regards to this application? Contact the NH Lottery Investigation & Compliance Division by phone at (603)271-7613 or by email at licensing@lottery.nh.gov **OR** visit our website at www.racing.nh.gov.