



BINGO AND/OR LUCKY 7 GAMING CONSULTANT APPLICATION

OFFICIAL USE ONLY	
Receipt #:	_____
License #:	_____
Date:	_____

1. APPLICANT INFORMATION			
Applicant's Name:			
Applicant's Mailing Address:			
_____		_____	
<i>Street/PO Box</i>	<i>City/Town</i>	<i>State</i>	<i>Zip</i>
Applicant's Phone Number:		Applicant's Email:	
Name of location(s) where services will be provided:			
Has the applicant had a charitable gaming license, registration or similar authorization suspended or revoked, or been the subject of a fine for a major violation of charitable gaming regulations in this or any other jurisdiction? If yes, please provide a description on a separate sheet of paper.			<input type="checkbox"/> Yes <input type="checkbox"/> No

2. SERVICES TO BE PROVIDED		
NAME OF CHARITABLE ORGANIZATION(S) <i>(with whom the applicant will be providing consultant services)</i>	GAME TYPE(S) <i>(check all that apply)</i>	PROVIDED SERVICES <i>(use key below)</i>
	<input type="checkbox"/> Bingo <input type="checkbox"/> Lucky 7	
	<input type="checkbox"/> Bingo <input type="checkbox"/> Lucky 7	
	<input type="checkbox"/> Bingo <input type="checkbox"/> Lucky 7	
	<input type="checkbox"/> Bingo <input type="checkbox"/> Lucky 7	
	<input type="checkbox"/> Bingo <input type="checkbox"/> Lucky 7	
	<input type="checkbox"/> Bingo <input type="checkbox"/> Lucky 7	
	<input type="checkbox"/> Bingo <input type="checkbox"/> Lucky 7	

KEY FOR THE "TYPE OF SERVICES" TO BE PROVIDED

AD = Advertising AO = Assisting w/ Gaming Operations SD = Security FF = Filing Forms/Reports
CS = Consulting MO = Managing Gaming Operations RK = Recordkeeping MF = Managing Gaming Funds

3. ATTESTATION		
<p>I hereby certify that I qualify for a Gaming Consultant license. 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.</p>		
_____	_____	_____
<i>Signature of Applicant</i>	<i>Printed Name</i>	<i>Date</i>
<p><i>* Proof of authority to sign and submit this application may be required.</i></p>		

**INSTRUCTIONS FOR COMPLETING A BINGO AND/OR LUCKY 7
GAMING CONSULTANT APPLICATION**

A. LICENSING FEE

Submit the following payment with the application:

- Payment of a \$100.00 license fee.

Checks and/or money orders must be made payable to “NH LOTTERY COMMISSION”.

B. SUPPORTING DOCUMENTATION

Submit the following supporting documentation with the application:

- Copies of all written agreements between the applicant and the charitable organization(s) with whom they will be providing consultant services for.

C. SUBMITTING THE APPLICATION

This application must be received by the New Hampshire Lottery Commission at least 60-days to the expiration of the new or current license.

Submit the completed application, license fee, and supporting documentation to:

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

Incomplete or incorrect applications **will be returned** to the applicant. This **will delay** the issuance of a license.

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.

D. 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.