

**GAMES OF CHANCE APPLICATION
PRIMARY GAME OPERATOR**

1. APPLICANT CONTACT INFORMATION

Legal Name:

Mailing Address:

First	Middle	Last

Street/PO Box	City/Town	State Zip

Phone Number: _____	Date of Birth: (MM/DD/YYYY) _____
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E-mail: _____

2. GAME ROOM WHERE APPLICANT WILL BE WORKING

- | | | |
|--|---|---|
| <input type="checkbox"/> Aces + Eights Casino | <input type="checkbox"/> The Brook | <input type="checkbox"/> Chasers Poker Room |
| <input type="checkbox"/> Filotimo Casino and Restaurant
Dover | <input type="checkbox"/> Filotimo Casino and Restaurant
Manchester | <input type="checkbox"/> Gate City Casino |
| <input type="checkbox"/> Lakes Region Casino | <input type="checkbox"/> Lebanon Poker Room | <input type="checkbox"/> The Lucky Moose Casino &
Tavern |
| <input type="checkbox"/> Ocean Gaming at Hampton Beach | <input type="checkbox"/> The River Casino & Sports Bar | <input type="checkbox"/> Wonder Casino |

When working at multiple game rooms, a separate badge request form and badge fee is required for each location

3. GAMING HISTORY

Provide the following information with regard to registrations or licenses held by the applicant as a professional game operator, or other similar positions, in any other state or jurisdiction.

State/ Jurisdiction	License Description <i>(fundraiser, game operator, etc.)</i>	Date(s) License Held	Has the license been, or is there pending action to deny, suspend, revoke, or enjoin this license? *
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

If "yes", explain the reason(s) for the denial, suspension, revocation, or enjoinder.

PRIMARY GAME OPERATOR LICENSE APPLICATION

Application for: _____
(Name of Applicant)

4. GAMING ASSOCIATES

List the names and contact information of any individuals, other than the Game Operator Employer under whom this license will be issued, with whom the applicant is affiliated in the fundraising or game operating business, and briefly describe that affiliation. If more space is needed, please use a separate sheet of paper.

Name	Address	How the applicant is affiliated with this individual

5. ATTESTATION

I certify, under penalty of unsworn falsification pursuant to RSA 641:3, that the information provided on this application and on any supporting documentation is true, accurate and complete and that there are no willful misrepresentations in or falsifications of the information provided herein.

I further certify that I have not been convicted, in any jurisdiction, of a felony within the previous 10 years or a misdemeanor involving falsehood or dishonesty within the previous 5 years, which has not been annulled by a court, nor have I violated any statutes or rules governing charitable gambling.

Signature of Applicant

Date

INSTRUCTIONS FOR SUBMITTING A PRIMARY GAME OPERATOR APPLICATION

A. PRIMARY GAME OPERATOR DEFINITION

Any person involved in conducting, managing, supervising, directing, or running games of chance; including, but not limited to, gambling operation managers and assistant managers, managers and supervisors of security employees, pit bosses, shift bosses, credit executive, and cashier operations supervisors.

B. RELEASE OF CRIMINAL HISTORY RECORDS

IN-STATE applicants

- a) Use the NH Department of Safety – Criminal Records Portal <https://services.dos.nh.gov/chri/cpo/>
- b) Select “Licensing of Game Operators” and “NH Lottery”
- c) Pay \$48.25 online with a credit/debit card.

OUT-OF-STATE applicants

- a) Obtain fingerprints at any available location in the State in which you live. Livescan or inked fingerprint cards are acceptable. Livescan is a digital capture of fingerprint impressions with a lower rate of rejection from the FBI. Out of state Livescans are accepted only if the fingerprints are also scanned onto a card. All fingerprint cards must be filled in completely.
 - i. If fingerprints are digitally captured, submit a copy of the “Applicant Livescan Site Form”.
 - ii. If fingerprints are captured via ink impressions, submit the FBI FD-258 fingerprint card issued by the NH State Police.
- b) Submit a “Criminal Records Release Authorization” Form (05/2017)
- c) Submit a check or money order payable to: State of NH-Criminal Records for the fee of \$48.25.
- d) All three requirements should be submitted with the application. Failure to do so will result in the application being returned.

C. INCLUDE PHOTOGRAPH

Include with the application a photograph that meet the requirements found in Lot 1200, which mirror the requirements for a passport photo as found at:

<http://travel.state.gov/content/passports/english/passports/photos/photos.html>

D. LICENSE FEE

Include a payment of:

- \$100.00 for a Primary Game Operator
- \$10.00 for your Badge

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

PLEASE NOTE: You must file a badge request form and \$10.00 fee for each additional room where you will be working.

E. SUBMITTING THE APPLICATION

Please submit the completed application with payment to:

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

If application is deemed to be incomplete, illegible, or is missing correct payment, all documents will be returned, which will delay processing.

G. QUESTIONS OR CONCERNS

Questions regarding this application? Contact the NH Lottery Investigation & Compliance Division by phone at (603)271-7613, by email at licensing@lottery.nh.gov or visit our website at www.compliance.lottery.nh.gov for more information.