



**GAMES OF CHANCE APPLICATION
SECONDARY GAME OPERATOR LICENSE**

Official Use Only
Rcpt#: _____
Lic. #: _____
Lic. Date: _____

1. APPLICANT INFORMATION

Legal Name: _____

Mailing Address: _____
 _____ Street/PO Box City/Town State Zip

Phone number(s): _____ E-mail: _____ Birth Month: _____

Have you ever held a Secondary Game Operator license in NH? Yes No
 If "yes", please provide the name of the game room you worked at most recently:

What job functions will you be performing (check all that apply):
 Dealer Roulette Wheel Handling Chips Accounting Security

2. GAME ROOM WHERE APPLICANT WILL BE WORKING

Name of Game Room: _____ Phone Number: _____

Game Room Address: _____
 _____ Street/PO Box City/Town State Zip

When working at multiple game rooms, a separate application and license fee is required for each location

3. PROVISIONAL (TEMPORARY) LICENSE REQUEST

Are you requesting a provisional license pending the review of your application? Yes No
Must be a first-time applicant, or have a license that expired 6-plus months ago to be eligible for a provisional license

4. GAMING HISTORY

Provide the following information with regard to registrations or licenses held by the applicant as a professional fundraiser, 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

APPLICATION FOR A SECONDARY GAME OPERATOR

Application for: _____
(Name of Applicant)

4. GAMING HISTORY - Continued

			<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", on a separate piece of paper explain the reason(s) for the denial, suspension, revocation, or enjoinder.*

5. CONFIRMATION OF EMPLOYMENT

To be completed by the Game Operator Employer for whom the applicant will be working

I hereby affirm and certify our intention to employ the applicant as a Secondary Game Operator at our establishment

Printed name of the Game Operator Employer under whom this license will be issued

Signature of the Primary Game Operator

Date

Printed Name of the Primary Game Operator

6. 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 COMPLETING AN APPLICATION FOR A SECONDARY GAME OPERATOR

A. Determine If A License Is Required

An application must be completed if the individual:

1. Is employed by a licensed primary game operator or game operator employer in the State of New Hampshire;
2. Is involved in dealing, running a roulette wheel, handling chips, or providing accounting services or security functions for the primary game operator or game operator employer; and
3. Is not a bona fide member of the charitable organization hosting the games of chance.

B. Clarification on the Types of License Requests

Please be aware that all licenses expire on the last day of the applicant's birth month, and as such, your license may be valid for less than a full year.

Provisional License Badge Request: Check "Yes" if you wish to have a temporary license issued. A provisional license is valid for up to 60-days to allow the applicant to work while their application is being processed.

Provisional licenses are only issued to first time applicants, and those whose previous license has been expired 6 months or more. Payment of an additional \$10 fee is required.

C. Release of Criminal History Records

Submit the following the application:

1. A completed and notarized *Criminal Records Release Authorization Form* authorizing the release of the applicant's criminal history record to the NH Lottery. This form can be obtained from the NH Lottery, or at www.racing.nh.gov;
 2. A complete set of fingerprints taken by a qualified law enforcement agency, as follows:
 - If fingerprints are digitally captured (preferred method), submit the *Livescan Site Form*; or
 - If fingerprints are captured via ink impressions, submit the FBI FD-258 fingerprint card
 3. Payment in the form of a check or money order, payable to the "State of NH – Criminal Records". For current charges, contact the NH State Police Criminal Records Unit at 603-223-3867, or visit their website at <https://www.nh.gov/safety/divisions/nhsp/ssb/crimrecords/>.
- ✓ Your fingerprints will be used to conduct a national FBI criminal history background check. If you believe your criminal record is incorrect, and would like to request a correction, please contact the law enforcement agency that contributed the questionable information, or the FBI's Criminal Justice Information Services Division. The procedure for making such a request can be found in Title 28 CFR§16.34 of the Code of Federal Regulations.
- ✓ If a criminal history record check is on file with the NH Lottery that was completed within the previous 6 months, an updated record check is not required.

D. Include Photographs

Include with the application a photograph that meets the requirements found in Pari 1203.05(c)(2), which mirror the requirements for a passport photo as found at:

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

INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR A SECONDARY GAME OPERATOR

E. Include Payment of the Application Fee

Include a payment of:

- \$40 payable to “NH Lottery Commission”, **OR**
- \$50 when also requesting a provisional (temporary) badge

These amounts represent the \$30 application fee, a \$10 badge fee, and \$10 provisional (temporary) badge fee.

Make checks payable to the “NH Lottery Commission”;

F. Submit the Application to NH Lottery

Submit the completed application, photo, criminal release, and payment to:

NH Lottery Commission, 14 Integra Drive, Concord, NH 03301

Applications must be received at least 60 days prior to serving as a Secondary, or the expiration of the current license.

G. Questions?

Contact the NH Lottery Commission at 603-271-3391. Ask for Games of Chance licensing, or e-mail the licensing unit at licensing@lottery.nh.gov

H. Keep All Information Up-To-Date

If any of the information provided on or with the application changes or is found to be inaccurate, the organization must submit updated or corrected information to the NH Lottery within 15 days of the event that resulted in the change, or discovery of the inaccuracy.