



NEW HAMPSHIRE
LOTTERY COMMISSION

**Investigation &
Compliance Division**

**CHARITABLE ORGANIZATION
ELIGIBILITY DETERMINATION
APPLICATION**

OFFICIAL USE ONLY

Check #: _____

Amount: _____

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) (_____)

If part of a group ruling, additional information may be required please see Section A of the attached instructions.

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

If requesting a license for Bingo or Lucky 7, 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 <i>(Commander, Treasurer, Member, etc.)</i>	NAME	CONTACT INFORMATION	INVOLVEMENT <i>(Sales, Handling Money, Filing Paperwork, Operating Games, etc.)</i>
		Legal Address: Phone #: Email:	
		Legal Address: Phone #: Email:	
		Legal Address: Phone #: Email:	
		Legal Address: Phone #: Email:	
		Legal Address: Phone #: Email:	
		Legal Address: Phone #: Email:	
		Legal Address: Phone #: Email:	
		Legal Address: Phone #: Email:	
		Legal Address: Phone #: Email:	

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 Head of Org./Treasurer

Printed Name

Date

INSTRUCTIONS FOR COMPLETING A CHARITABLE ORGANIZATION ELIGIBILITY DETERMINATION APPLICATION

A. SUPPORTING DOCUMENTS

If your organization is part of a group ruling the following must be included:

- Determination Letter for the Parent Organization from the IRS.
- A letter from the Parent Organization affirming that the applicant is in good standing with them.

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

For Bingo or Lucky 7, 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.

C. 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.