NEW YORK STATE OF OPPORTUNITY. | Gaming Commission | Division of Charitable Gaming

GC-8 Municipal Games of Chance License Register

Name of License: _____ Identification Number: _____

Address: _____

Date of Receipt of Application	Date of Denial of Application	Date of Issuance of License	License Number	Amount of Initial License Fee	Amount of Additional License Fee	Games of Chance Dates (One Line Per Date)	Date of Receipt of Financial Statement of Games of Chance Operations

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