



Gaming Commission

Division of Charitable Gaming

GC-317: Application to Request the Disbursement of Games of Chance Net Proceeds

1) Name of Organization: _____

2) Mailing Address: _____

3) Phone Number: _____

4) Games of Chance ID Number: _____

5) Name and address of officer(s) responsible for use of proceeds:

(Print Name) (Print Title) (Home Address)

(City, Town or Village) (State) (Zip Code)

(Print Name) (Print Title) (Home Address)

(City, Town or Village) (State) (Zip Code)

6) Amount of disbursement for which permission is sought: \$_____

7) Describe purpose for which the proceeds will be used: _____

8) Total unexpended balance in Games of Chance Account(s): \$_____
Provide a copy of your most recent bank statements. (Note: Include all related savings accounts and CDs)

9) Amount realized from the conduct of Games of Chance during the past calendar year:\$_____

- 10) Have you used Games of Chance proceeds for this purpose in the past? _____
 If so, how much: \$_____
- 11) Has a previous application been filed for this or any other expenditure? _____
If yes, provide a copy of all NYS Gaming Commission approval letters for the last four years.
- 12) List other sources of income and amounts per year: _____

- 13) Will any of the money you propose to spend be used to erect, equip, maintain or renovate a bar or bar room?

- 14) Have you solicited bids for the proposed project? _____ *(If yes, submit copies of at least two bids.)*
- 15) If proceeds are to be used for building repairs or new construction, give location of premises where repairs or construction will be done.

- 16) Does organization have title to its premises? _____ If not, furnish name of owner. _____
- 17) Has any real property of the organization been sold? _____
- 17a) If so, for how much and what disposition was made of the proceeds? _____

- 18) List other mortgages or conditional sales contracts outstanding against this property. _____

I hereby swear (or affirm) that I have read and am familiar with Commission Rule 4624.21 and that the information and statements contained herein have been examined by me and to the best of my knowledge and belief are true, correct and complete.

 (Signature) (Print Name) (Title)

 (Date) (Phone Number) (Email Address)