



New Mexico
Raffle Permit/License
Application

New Mexico Gaming Control Board

4900 Alameda Blvd. NE
Albuquerque, NM 87113
Phone: (505) 841-9700
Fax: (505) 841-9725
Website: www.nmgcb.org

New Mexico Gaming Control Board

Raffle Permit/License Application Checklist

THE FOLLOWING ACCOMPANYING FORMS MUST BE SIGNED AND RETURNED WITH THE APPLICATION:

- Raffle Permit/License Application Form (pg. 1)
- Affirmation & Statement (pg. 2)
- Roster for Organization (pg. 3)
- BRT Account Authorization Form (pg. 4)

ATTACHMENTS THAT MUST BE INCLUDED WITH THE APPLICATION:

- Copy of Letter from IRS establishing Employer Identification Number (EIN)
- Copy of Articles of Organization, including amendments, if applicable
- Copy of by-laws for applicant organization
- Certification of Charitable Solicitation Registration issued by Attorney General's Office (if applicable)
- Certificate of Corporate Good Standing (issued by the Secretary of State)
- Letter of good standing from parent organization (if applicable)
- Copy of applicant's organization's charter
- A list of members **engaged in carrying out the purposes of the applicant organization** for each of the two (2) years preceding the application.
- Copy of signed resolution by the Board of Directors of the applicant organization setting forth the applicant's authorization to apply for the Raffle Permit/License
- Copy of Bank Signature Card
- Copy of a premise rental agreement (if applicable)
- Copy of the security services agreement (if applicable)
- Income or Financial statement that shows the charitable use of net proceeds of fund raising activities by the organization

INCOMPLETE APPLICATIONS MAY NOT BE ACCEPTED



4900 Alameda Blvd. NE
 Albuquerque, NM 87113
 Phone: 505.841.9700
 Fax: 505.841.9725

**New Mexico Gaming Control Board
 APPLICATION FOR REGISTRATION
 NON-PROFIT RAFFLE LICENSE/PERMIT
 Revised August 2015**

Name and Type of Qualified Organization i.e. ABC Charity - 501C(3)		License # (if previously licenced in NM)		
Contact Name		Contact Number		
Physical Address		City	State	Zip
Email	Phone	Fax		
Mailing Address		City	State	Zip

Type of organization:

Charitable Civic/Service Educational Environmental Fraternal Religious Labor Vol. Firemen's Veterans

Federal Employer Tax Identification Number (EIN): _____

New Mexico CRS Number: _____

New Mexico Liquor License Number (if applicable): _____

List any other gaming license you hold (if applicable): _____

Number of active members in good standing: _____

State the specific purpose(s) to which the entire net proceeds from games of chance are to be devoted: _____

Does your organization intend to conduct more than 1 Raffle per quarter or 4 Raffles in one calendar year? YES NO

Address of where Raffles will be conducted (physical address MUST be shown before permit is issued)			Phone	
Street	City	State	Zip	

Date(s) of drawing(s): _____

Time(s): _____

If date and time are not known at time of application, this office shall be notified by email to: GCB-Bingo@state.nm.us, of day/time at least 2 weeks prior to games and before any chances are sold.

FOR AGENCY USE ONLY
 GCB BR-9-2015

		Entity Control #
--	--	------------------

AFFIRMATION & STATEMENT

I, _____, acknowledge, understand and agree that by applying for and accepting any license, certification, permit, registration, renewal, or other approval (each a "License") from the New Mexico Gaming Control Board ("Board"), I am certifying to the Board that:

1. I have read the NM Bingo & Raffle Act, and the Rules adopted by the Board pertaining to Raffles, and I understand the requirements of the Act and Rules.
2. I understand and agree that I am responsible for the Licensee's compliance with the Act and Rules including, where applicable to my job duties.
3. I understand and agree that I am responsible for submitting quarterly reports on the prescribed forms on, or before, but no later than the 25th of April, July, October, and January.
4. I understand and agree, that along with the quarterly report, I must submit all supporting documentation which includes, but may not be limited to:
 -Supplement Forms -Bank Statements -Copies of Check Images and Deposit Slips -Copies of Tax Coupons
5. I am signing this Certification with the knowledge that the Licensee and I will be subject to disciplinary action, including fines and/or revocation or suspension of the Permit/License, for failure to comply with the Act or Board rules including, where applicable to my job duties.

Printed Full Legal Name (Last, First, Middle) _____

Title: _____

I, _____ *printed name* do solemnly swear under penalty of perjury that the information contained herein is true and correct to the best of my knowledge and belief. I state under penalty of perjury that no commission, salary, compensation, reward, or recompense shall be paid to any person for holding, operating, or conducting such games of chance or for assisting therein except as otherwise provided in the NM Bingo & Raffle Act

 Signature

 Date

STATE OF NEW MEXICO

County of: _____

_____, _____, and _____, being of lawful age, upon their oath, deposes, and says that they are _____, _____, and _____ of the herein named organization; that they have read the foregoing application together with the attached forms and knows the contents thereof; and that all matters therein set forth are true of their own knowledge.

Signature _____ Date: _____

(Must be notarized by notary public)

State of _____)
 _____)
 County of _____)

Subscribed and sworn to before me by _____ this _____ day of _____, _____.

My commission expires: _____ Signed: _____

Notary Public

[SEAL]



FINANCIAL INSTITUTION/BANK OPERATING ACCOUNT INFORMATION

Name of Financial Institution/ Bank where Bingo/Pull Tab/Raffle operating account is held:			
Address of Financial Institution/Bank	City	State	Zip
Account Number	Current Bank Balance in Account		

ROSTER FOR MEMBERS IN CHARGE AND MEMBERS CONDUCTING RAFFLES

Name of Organization: _____ Date: _____				
Title:	Name	Phone	Membership Date	
	Address	City	State	Zip
Title:	Name	Phone	Membership Date	
	Address	City	State	Zip
Title:	Name	Phone	Membership Date	
	Address	City	State	Zip
Title:	Name	Phone	Membership Date	
	Address	City	State	Zip
Title:	Name	Phone	Membership Date	
	Address	City	State	Zip
Title:	Name	Phone	Membership Date	
	Address	City	State	Zip
Title:	Name	Phone	Membership Date	
	Address	City	State	Zip
Title:	Name	Phone	Membership Date	
	Address	City	State	Zip
Title:	Name	Phone	Membership Date	
	Address	City	State	Zip
Title:	Name	Phone	Membership Date	
	Address	City	State	Zip
Title:	Name	Phone	Membership Date	
	Address	City	State	Zip
Title:	Name	Phone	Membership Date	
	Address	City	State	Zip
Title:	Name	Phone	Membership Date	
	Address	City	State	Zip
Title:	Name	Phone	Membership Date	
	Address	City	State	Zip



4900 Alameda Blvd. NE
Albuquerque, NM 87113
Phone:505.841.9700
Fax:505.841-9725

State of New Mexico - Gaming Control Board
BRT ACCOUNT AUTHORIZATION
Attention: Cindy Vigil, TRD Fax (505)827-1759

Business Name _____ New Mexico BRT Number _____

Name _____ Federal EIN _____

Address _____ Telephone Number _____

Hereby authorizes New Mexico Gaming Control Board Telephone Number: (505) 841-9700
Address: 4900 Alameda Blvd NE Albuquerque, NM 87113 to conduct activity below pertaining to CRS account
administered by the New Mexico Taxation and Revenue Department.

Check Item That Applies: Open Bingo & Raffle Tax Program Close Bingo & Raffle Tax Program

I certify that I have the authority to execute this tax information authorization.

Printed Full Legal Name (Last, First, Middle) _____ Title: _____

Signature (Must be notarized by notary public) _____ Date: _____

State of _____)

County of _____)

Subscribed and sworn to before me by _____ this _____ day of _____, _____.

My commission expires: _____ Signed: _____
Notary Public

[SEAL]