



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

**STATE OF DELAWARE**  
**BOARD OF CHARITABLE GAMING**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

**APPLICATION FOR CHARITABLE GAMING PERMIT**  
**INSTRUCTION SHEET**

**Who Can Apply for a Charitable Gaming Permit**

Volunteer fire companies, veterans organizations, religious or charitable organizations, and fraternal societies that have been in existence a minimum of two years may apply for a charitable gaming permit, provided:

- The net profits from the charitable gaming event are used solely for the achievement of the purpose of the organization as described in the organization's by-laws
- The organization at the time of application is recognized by the Internal Revenue Service (IRS) as a charitable organization as described in Section 170 of the Internal Revenue Code.

**What is Considered Charitable Gaming**

State of Delaware law defines charitable gaming as "any game or scheme in which chance is the dominant factor in the game and a consideration is paid to play and a prize may be won". Acceptable games include draw poker, stud poker, blackjack and other similar card games, big six wheels and similar devices, dice games (other than craps), and horse racing games. **Slot machines, roulette, craps and baccarat games are prohibited.**

**Do not** complete this application if you are applying for a Bingo, Instant Bingo, Raffle or Texas Hold'Em tournament permit. Applications for these types of events are available on the Board's [website](#).

**Limitations on Charitable Gaming Events**

- Events are limited to six hours. Games may not begin prior to 1:30 p.m. and must conclude by 1:00 a.m.
- When a charitable gaming event is conducted in conjunction with a bazaar, carnival, festival or similar affair that is scheduled for more than one day but less than ten consecutive days, the function shall be considered one licensed event.

**Applying for a Charitable Gaming Permit (*First-Time Applicants*)**

- ☐ Enclose with your application and fee, documentation from the (IRS) *dated within the past 12 months*, showing proof of the following:
- Organization's legal name
  - Physical Delaware address
  - EIN or Federal ID Number
  - 501(c) IRS Determination

*These items may be included on one or separate documents from the IRS, but all documents must be dated within the past 12 months.*

- ☐ Enclose a copy of your organization's formation documents, such as Articles of Incorporation, By-Laws, Constitution, Charter, etc. The documentation submitted must include your organization's purpose and/or mission statement.

- ☐ Enclose a letter on your organization's letterhead designating up to five Members-In-Charge of the charitable gaming event. The letter must grant the Member(s)-In-Charge the authority to submit charitable gaming applications on behalf of the organization and to be responsible for all permitted charitable gaming events. The letter must be signed by an officer of the organization and dated.

### Applying for a Charitable Gaming Permit (*All Applicants*)

- ☐ Submit a completed, signed and notarized [Application for a Charitable Gaming Permit](#).
- ☐ Enclose non-refundable [processing fee](#) by check or money order made payable to "State of Delaware".
- ☐ If you are relying on a group exemption letter issued to a national or parent organization, enclose a:
  - signed letter from the national or parent organization on its letterhead, specifically stating that your chapter is properly affiliated, **and**
  - current copy of the parent organization's IRS group exemption letter *dated within the past 12 months*
- ☐ If the event will be held at any location other than the organization's physical Delaware address, enclose a:
  - letter from the premises owner (on owner's letterhead) allowing your organization to hold its event(s) on a specific date, **or**
  - copy of your lease or rental agreement.

*The Board reserves the right to accept or reject any application for the conduct of a function on specially leased or donated premises.*

- ☐ If this is your first charitable gaming application OR if a Member-In-Charge has changed since your last charitable gaming application, submit a letter on your organization's letterhead designating the new Member(s)-In-Charge. The letter must grant the new Member(s)-In-Charge the authority to submit charitable gaming applications on behalf of the organization and to be responsible for all permitted charitable gaming events. The letter must be signed by an officer of the organization and dated.

### Application Review Process

The Board will review **only** applications that meet **all** of the following requirements:

- The application form must be complete, signed and notarized. As forms are subject to change at any time, be sure to *use the current form from the Board's website* **each time you apply for a gaming permit**. Obsolete forms will be rejected.
- Applications must be received by the Board office no later than 10 **business** days before the next scheduled Board meeting in order to be added to the Board's agenda.
- The application must be accompanied by the correct [fee](#). Applications without fees will be rejected.
- Applications must include all supporting documentation as listed on this Instruction Sheet.
- Your organization's After Occasion Reports (AORs) must be up-to-date. AORs are due no later than 30 days after a gaming event. *If your organization's AORs for past events are overdue, the Board will not review your application for any future event.*

If your proposed event date passes before the Board reviews and approves your application, you are **not** permitted to hold your event. If all event dates listed on your application pass before the Board reviews and approves them, you are not permitted to hold **any** of the events and you will forfeit the non-refundable processing fee.

You are **not** permitted to submit alternate event dates to be inserted into your application if all proposed dates pass before the Board reviews and approves it. You must submit a new application and processing fee for the alternate dates.



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

**STATE OF DELAWARE**  
**BOARD OF CHARITABLE GAMING**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

**APPLICATION FOR CHARITABLE GAMING PERMIT**

**ORGANIZATION INFORMATION**

1. Organization is a (check one):

- ☐ Volunteer Fire Company      ☐ Veterans Organization      ☐ Religious Organization  
☐ Charitable Organization      ☐ Fraternal Society

**If your Organization does not qualify as any of the above types of charitable organizations, STOP. You are not qualified to hold charitable gaming events in the State of Delaware.**

2. Is this your first application for a charitable gaming permit in Delaware? Yes ☐ No ☐

**If yes, enclose:**

- **documentation from the Internal Revenue Service (IRS) dated within the past 12 months, showing proof of the following:**
  - Organization's legal name
  - Delaware address
  - EIN or Federal ID Number
  - 501(c) IRS determination
- **copy of your organization's formation documents (e.g., Articles of Incorporation, Constitution, By-Laws, Charter, etc.), which states the organization's purpose and/or mission statement.**

3. Full Legal Name of Organization on File With the Internal Revenue Service (IRS): \_\_\_\_\_

4. Doing Business As (DBA), If Different Than Legal Name: \_\_\_\_\_

5. Organization's 501(c) Tax Determination (check one):

☐ 501(c)3      ☐ 501(c)4      ☐ 501(c)8      ☐ 501(c)10      ☐ 501(c)13      ☐ Other: \_\_\_\_\_

6. Organization's EIN or Federal ID Number: \_\_\_\_\_ - \_\_\_\_\_

7. Year Organization Established: \_\_\_\_\_

8. Are you relying on a group exemption letter issued to a national or parent organization? Yes ☐ No ☐

**If yes, submit:**

- **letter from the national or parent organization on its letterhead, specifically stating that your chapter is properly affiliated, and**
- **current copy of the parent organization's IRS group exemption letter dated within the past 12 months**

**ORGANIZATION CONTACT INFORMATION**

9. Enter the **official address** of the Organization on file with the Internal Revenue Service (IRS):

**Official Address:** \_\_\_\_\_

City

State

Zip

10. Enter the **physical Delaware address** of the Organization, if different from the official address above:

Physical Delaware Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

11. Organization's Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

12. Organization's Fax Number: (\_\_\_\_\_) \_\_\_\_\_

13. Organization's Email Address: \_\_\_\_\_

14. Select the method of delivery for approved gaming permits. *Regardless of the delivery method selected, the Member-In-Charge is responsible for verifying that the delivery information provided is legible, complete and accurate. The Member-In-Charge is also responsible for monitoring the delivery method chosen. (Check ONE delivery method.)*

- ☐ Mail to Organization's Official Address in Question 9  
☐ Mail to Organization's Physical Delaware Address in Question 10  
☐ Fax to \_\_\_\_\_  
☐ Email to \_\_\_\_\_

#### GAMING EVENT INFORMATION

15. Will the event be held at the physical Delaware location in Question 10? Yes ☐ No ☐

**If yes, skip to Question 18. If no, submit a letter from the premises owner (on owner's letterhead) allowing your organization to hold its event(s) on a specific date OR a copy of your lease or rental agreement, and continue with Question 16.**

16. Enter the information about the **physical location** where the Charitable Gaming Event(s) is to be held:

Location Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

17. Explain below (with supporting reasons) why the function is being held on other premises. If you need more space, attach an additional sheet.

\_\_\_\_\_  
\_\_\_\_\_

18. Will the Sponsoring Organization hire a third party vendor to provide services or equipment? Yes ☐ No ☐

**If no, skip to Question 19. If yes, enter the following information about the vendor:**

Business Name of Third Party Vendor: \_\_\_\_\_  
Delaware Business License Number: \_\_\_\_\_  
Contact First Name: \_\_\_\_\_ Contact Last Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

19. State the purpose for which the funds generated from this event(s) will be used: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

20. Enter the following information for up to three events:

| DATE | TIME |    | ADMISSION FEE?  |
|------|------|----|---|
|      | From | To |   |
|      |      |    | <input type="checkbox"/> No <input type="checkbox"/> Yes – Amount: \$ _____ |
|      |      |    | <input type="checkbox"/> No <input type="checkbox"/> Yes – Amount: \$ _____ |
|      |      |    | <input type="checkbox"/> No <input type="checkbox"/> Yes – Amount: \$ _____ |

21. Indicate which games will be played (check all that apply):

- ☐ Draw Poker                      ☐ Texas Hold'Em (non-tournament)                      ☐ Big Six Wheel  
☐ Stud Poker                      ☐ Dice Games                      ☐ Horse Racing Games  
☐ Blackjack  
☐ Other: \_\_\_\_\_ (attach a detailed description of the game to this application)  
☐ Other: \_\_\_\_\_ (attach a detailed description of the game to this application)

**Alert: State law prohibits slot machines, roulette, craps, and baccarat at charitable gaming events.**

22. Enter information about up to five Members-In-Charge of this event:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Suffix: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Suffix: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Suffix: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Suffix: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Suffix: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**If this is your first charitable gaming application OR if a Member-In-Charge has changed since your last charitable gaming application, submit a letter on your organization's letterhead designating the new Member(s)-In-Charge listed above. The letter must grant the new Member(s)-In-Charge the authority to submit charitable gaming applications on behalf of the organization and to be responsible for all permitted charitable gaming events. The letter must be signed by an officer of the organization and dated.**

To assure consideration of an application at a meeting, the Board office must receive all of these items no later than 4:15 p.m. ten (10) full working days (excluding State and Federal Holidays) before the meeting date:

- Completed, signed and notarized application form
- Fee payment for all events listed
- All other required documentation

### AFFIDAVIT

STATE OF DELAWARE County of \_\_\_\_\_

*Under penalties of perjury I do hereby attest that all statements in the foregoing application are true and correct. I affirm that I will be responsible for the conduct of permitted games in accordance with State Law and Rules and Regulations governing the conduct of such games. By signing below, I also acknowledge that the Board of Charitable Gaming requires a completed After Occasion Report (AOR) to be submitted to the Board office within 30 days of an event, and that failure to submit required AORs to the Board in a timely manner may result in the denial of future gaming applications.*

\_\_\_\_\_  
Printed Name of Member-In-Charge (see Question 22)

\_\_\_\_\_  
Signature of Member-In-Charge

SWORN to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Notary Public (Seal)

Signature: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

|   |
|---|
| <b>After Occasion Reports must be up-to-date before this application will be considered by the Board.</b> |
|---|