AR-1R-BRLAO

ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION
Bingo and Raffle Registration Licensed Authorized Organization Supplemental Form

Print Form | Clear Form

SECTION A: OWNERSHIP INFORMATION

1) Legal Name (Enter full legal name of organization): Arkansas State University System Foundation, Inc.

2) Federal Identification Number (FEIN): 71 - 0489924

SECTION B: EVENT LOCATION INFORMATION

3) **Location of event(s):** _____ _____ _____ _____

Address | City | State | Zip

Check the appropriate box:

☐ Premises are owned by the organization

☐ Premises are leased/rented by the organization - (Attach copy of lease agreement)

☐ Other (explain): _____

SECTION C: LICENSE TYPE

4) **Type of License:** (check the appropriate box)

	Original	Renewal*
A) $100.00 Annual fiscal license to operate games of bingo and raffle	☐	☐
B) $25.00 Temporary license to conduct one bingo session	☐	☐
C) $25.00 Class I temporary license to conduct one raffle	☐	☐
D) $10.00 Class II temporary license to conduct one raffle (Prize donated and has a value less than $5,000.00)	☐	☐

Select B or C for the event type.

*If renewal application, supply existing 8 digit Account ID 65318073 -BRR

SECTION D: NON-PROFIT CERTIFICATION AND EVENT INFORMATION

5) Is the organization incorporated under 26 U.S.C. Section 501?

☑ Yes - Attach a copy of acceptance and approval letter from the US Internal Revenue Service reflecting 5 years of non-profit status. Additional information will be required if less than 5 years.

☐ No - Attach documents supporting requirement that applying non-profit organization has been in existence a minimum of 5 years.

6) Indicate the type of organization and date organized:

☐ Religious	_____	☐ Service	_____	☐ Veterans	_____
☐ Educational	_____	☐ Medical	_____	☐ Volunteer Fire/Rescue	_____
☐ Fraternal	_____	☐ Civic	_____	☐ Volunteer Police	_____

☑ Non-profit Tax-exempt instrumentality of the United States Government _____

7) **List the charitable purpose(s) of net proceeds from Bingo/Raffle events:** _____

_____

8) Annual license - Enter event times the organization will operate bingo. Note: Organizations are limited to 2 bingo events per week which last no more than 5 hours each.

Sunday	_____ to _____	Tuesday	_____ to _____	Thursday	_____ to _____	Saturday	_____ to _____
Monday	_____ to _____	Wednesday	_____ to _____	Friday	_____ to _____		

9) **Temporary license** - Enter date which the temporary Bingo/Raffle session will be held: _____

SECTION E: RESPONSIBLE PARTY CERTIFICATION

10) I certify that as the responsible party for the above mentioned organization, that I have not been found guilty or plead guilty to a felony in the State of Arkansas, or any similar offense by a court in another state or of any similar offense by a military or federal court.

Nicole Frey _____ _____

(Print Name) | (Signature of Responsible Party) | Date

Revised 09/09/2014