OKLAHOMA ALCOHOLIC BEVERAGE LAWS
ENFORCEMENT COMMISSION
Charity Games Application: Organization
Licensing Fee -- $100

The following documents are required for an organization license. All documents must be legible and complete.

- Completed Application
- Licensing Fee ($100). May be paid in cashier’s check, money order, Visa, Mastercard, American Express and Discover.

1. Organization Documents:
   - A. Certificate of Incorporation and originating documents, i.e., charter constitution
   - B. Corporate By-Laws and Articles of Incorporation (if applicable)
   - C. Minutes designating current officers and directors
   - D. Minutes authorizing application for Charity Games license

2. Tax Information:
   - A. Letter from IRS granting tax exempt status under 501 © and letter assigning the Federal Employer Identification number
   - B. Oklahoma Tax Commission tax clearance letter. Complete form provided and mail directly to the Oklahoma Tax Commission. Do not mail to the ABLE Commission.

Other information may be required during the investigation.

Mail original application and supporting documents with 1 copy to the address below:

Oklahoma ABLE Commission
Licensing Division
3812 N SANTA FE STE 200
OKC OK 73118-8500
The filing of this application does not guarantee that the ABLE Commission will grant the license that you are applying for, nor does it permit you to operate the charity games applied for. If a license is granted by the ABLE Commission, you will receive a LICENSE CERTIFICATE. In accordance with Title 3A, Section 411(B)(1), the governing bodies in the city and county of the proposed premises will be notified.

OATH

STATE OF OKLAHOMA

COUNTY OF_____________________

______________________________, being first duly sworn upon oath deposes and says: That he is the applicant who made the attached application; that he has read and signed the same. Applicant(s) certifies, subject to the penalties provided by law, that all information given in regard to the application for license is true, complete, and correct to the best of his knowledge and belief. I acknowledge and agree that the ABLE Commission may make any contact necessary to verify the information or to seek further information and that the Director may refuse to issue said license or may cause such license to be revoked at any time.

Signature of a Primary Officer

Subscribed in my presence and sworn to before me this _____ day of ________, 19____.

______________________________
Notary Public

My commission expires: ________________

Oklahoma ABLE Commission Charity Games Organization Application
ORGANIZATION INFORMATION

1. Name of Applicant (Corporation or Organization)

<table>
<thead>
<tr>
<th>Name</th>
<th>Mailing Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State/Zip</th>
<th>County</th>
<th>Business Phone Number</th>
<th>FEI Number</th>
</tr>
</thead>
</table>

2. "Doing Business As" Name of Premises:

<table>
<thead>
<tr>
<th>Premise Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number/Street</td>
</tr>
</tbody>
</table>

Premise Telephone Number:

3. Days and Times games are to be held: (Circle) M T W Th F Sat
   Day Sessions (10AM-5PM) ______  Night Sessions (5PM-12PM) ______

4. Has Applicant (organization) been licensed previously? Yes ____ No ____
   If Yes, Name: ___________________________ License Number: ___________________________

5. List Primary Officer of Organization:

<table>
<thead>
<tr>
<th>Name</th>
<th>Residence Address</th>
<th>City/State/Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Res. Phone Number</th>
<th>Employer Name and Telephone Number</th>
</tr>
</thead>
</table>

6. Premise Manager:

<table>
<thead>
<tr>
<th>Name</th>
<th>SSN</th>
<th>Res. Phone Number</th>
</tr>
</thead>
</table>

Is he compensated? Yes ____ No ____

<table>
<thead>
<tr>
<th>Res. Address</th>
<th>City/State/Zip</th>
</tr>
</thead>
</table>

7. Contact Person, (One authorized to receive service of process or other information from the Commission):

<table>
<thead>
<tr>
<th>Name</th>
<th>SSN</th>
<th>Res. Phone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Res. Address</th>
<th>City/State/Zip</th>
<th>Employer Name</th>
</tr>
</thead>
</table>

Signature of a Primary Officer of Organization ____________________________

Oklahoma ABLE Commission Charity Games Organization Application

Page 3
ORGANIZATION HISTORY

1. Describe the purpose of Charity, organization or association:

__________________________________________________________________________
__________________________________________________________________________

2. Where has the Charity been located for the past two years? (Give the physical address or direction to the nearest town).

Location: ___________________________ Dates: ____________

Location: ___________________________ Dates: ____________

3. What type of operation is the Charity's primary business?

__________________________________________________________________________

Annual or Semi-Annual event sponsor?

__________________________________________________________________________

4. List what type of event and dates the Charity has been involved in over the last two years.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

5. List the approximate amount of money given to other causes taken in by the Charity (Do not include expenses).

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

6. Has the Charity ever been denied exempt status or been suspended or lost exempt status?

No _____ Yes _____, if so explain:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

7. Any additional comments you care to add:

__________________________________________________________________________
__________________________________________________________________________
ORGANIZATION QUESTIONNAIRE
Attach additional pages if necessary

Applicant ____________________________ License No. CGO ____________________________

Officers:

<table>
<thead>
<tr>
<th>TITLE</th>
<th>NAME</th>
<th>SSN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PREM. MGR. ____________________________

CONTACT ____________________________

Board of Directors:

<table>
<thead>
<tr>
<th>TITLE</th>
<th>NAME</th>
<th>SSN</th>
<th>ADDRESS</th>
<th>PHONE #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature of a Primary Officer ____________________________ Date ____________________________

Oklahoma ABLE Commission Charity Games Organization Application Page 5
THIS PAGE MUST BE COMPLETED BY ALL OFFICERS, INCLUDING THE PREMISE MANAGER OF THE ORGANIZATION.

INDIVIDUAL HISTORY
Please print when completing the following questions. All blanks must be completed by all of the officers of the organization. If the question does not apply, place N/A (not applicable) in the space.

Name ____________________________ Last First Middle
Other names used ________________________________

Address ____________________________ Number & Street _________ City ___________ State ______ Zip ______
Home Phone (_____) __________ Business Phone (_____) __________ Other (_____) __________

SSN ____________________________ Date of Birth ____________________________ Age ______ Sex ______

Driver’s license number/state issued by ____________________________

Place of Birth ____________________________ Height ______ Weight ______

Hair Color ______ Eye Color ______ US Citizen? Yes ______ No ______
(If "No", list alien reg. no.) ____________________________ If a naturalized citizen ____________________________
When & Where ____________________________

Name of Spouse ____________________________ Is spouse licensed by the ABLE Commission? Yes _____ No _____

Spouse’s place of employment ____________________________

CRIMINAL RECORD

Note: A criminal records check is made on all license applicants in the normal processing of a license application. The information provided on this page can protect you from an error in the criminal records check.

12A. Have you ever been convicted of, or pled guilty or nolo contendere to a felony or a misdemeanor related to gambling or gaming? Yes _____ No _____

12B. Are there presently pending against you any criminal charges? (Do not include minor traffic violations for which a fine or bail forfeiture of $50 or less was imposed.) Yes _____ No _____

12C. If you have answered "Yes" to 12A or 12B, list below.

OFFENSE DATE CITY/COUNTY/STATE FINE/PROBATION/INCARCERATION

ATTACH ADDITIONAL SHEET IF NECESSARY

Oklahoma ABLE Commission Charity Games Organization Application
DIAGRAM OF PREMISE

Organization Application
Draw or provide a diagram of the premises. The diagram should include the following: outside dimensions, rooms, doorways, bars, liquor storage area, charity games activity area, and charity games equipment storage.

Signature of a Primary Officer

Date

Oklahoma ABLE Commission Charity Games Organization Application
Applicant: This form must be signed and notarized at time of application

Organization Name

Address
Number & Street City State Zip

CONSENT TO DISCLOSURE OF TAX INFORMATION

For the purposes of the above-captioned application and related matters, said applicant request(s) that information relating to the present tax exempt status of the above organization and/or copies of State and/or Federal Income Tax, and any and all return information relating thereto filed by

______________________________________________ (Primary Officer of Organization) for periods beginning (minimum of two years before today’s date) __________________________ ending (minimum one year from date of application) __________________________ be made available to the Oklahoma Alcoholic Beverage Laws Enforcement Commission for use in connection with licensing and enforcing the Oklahoma Charity Games Act, 3A O.S.S. 402-428.

Consent to the disclosure of the above information is given only for purposes of and to the extent necessary in complying with this request. I declare that I have the authority to execute this consent on behalf of the organization.

Signature of a Primary Officer and Title __________________________ Date __________________________

State of Oklahoma

County of __________________________

Subscribed in my presence and sworn to before me this _____ day of ______, 19_____

My Commission Expires: __________________________

Notary Public __________________________

Oklahoma ABLE Commission Charity Games Organization Application Page 8
Instructions for Notice of Intention:
1. Complete in detail
2. Give copy to newspaper for publication
3. Said notice shall be published in not less than two column inches in a legal newspaper of general circulation in the county in which licensed premises are to be located once a week for two (2) successive weeks (EXAMPLE: Publish Monday and Monday for two (2) consecutive weeks).

NOTICE OF INTENTION TO APPLY FOR, OR RELOCATION OF,
A CHARITY GAMES LICENSE

In accordance with Title 3A, Section 411(A) and ABLE Commission Rule 45:50-1-11,
__________________________________________(name of organization and address) hereby
publishes notice of their intention to apply, or relocate, their premises within sixty days from this date to
the Oklahoma Alcoholic Beverage Laws Enforcement Commission for a Charity Games Organization
licensed under authority of and in compliance with the said Act. That they intend, if granted such license,
to operate as a Charity Games Organization with business premises to be located at,

__________________________________________
(full street address or legal description) in________________(city),________________(county), Oklahoma,
under the business name of_______________________________________________("doing business as" name).

Dated this ________________ day of ___________________ 19__

_____________________________________________________
Signature of a Primary Officer of Organization

State of Oklahoma

County of _____________________________

Before me, the undersigned notary public, personally appeared __________________________ to me
known to be the person(s) described in and who executed the foregoing application this ______ day
of _____________________________ 19__

My Commission Expires:

______________________________________
Notary Public

Oklahoma ABLE Commission Charity Games Organization Application
Instructions for Proof of Publication
1. Attach a true copy of each run of the publication
2. Submit original completed Proof of Publication with application.
3. You may submit the publisher's affidavit form in place of the affidavit below.

PROOF OF PUBLICATION

I hereby declare, under penalty of perjury, that ______________________ (name of legal newspaper) did cause to be published in a legal newspaper of general circulation in the county of ______________________, located in the city of ______________________, Oklahoma, by causing the same to be published on the ___________ day of _________________, 19____, a Notice of Intention to Apply for or Relocation of a Charity Games Organization license, and that a true copy of said notice is attached and made a part hereof.

Dated this ___ day of ______________________, 19____.

____________________________________________________________________
Legal representative of newspaper

STATE OF OKLAHOMA

COUNTY OF ______________________

Subscribed and sworn to before me this ______ day of ______________________, 19____.

My Commission expires:

____________________________________________________________________
Notary Public

Oklahoma ABLE Commission Charity Games Organization Application
MAIL TO: OKLAHOMA TAX COMMISSION
ACCOUNT MAINTENANCE DIVISION
PO BOX 269060
OKLAHOMA CITY, OK 73126-9060

Dear Sir: FAX NO. (405) 522-2072

We are completing the application process through the ABLE Commission for
a(n) ______ initial (Check one) ______ renewal charity games license.

If renewal: ______ Date Organization Began Conducting Bingo

_______ Date Organization Began Selling Breakopen Tickets

Please send a letter to the address below stating that the organization
named is in compliance with all state tax laws.

(Applicant, please complete the following):

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Federal Employer Identification Number</th>
</tr>
</thead>
</table>

Mailing Address of Organization

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Date Organization Began Doing Business:_______ Number of Employees:_______

What Fundraising have you done in the last year (bingo, bake sales, dances, etc)

List any other name and/or FEI number under which this organization has conducted
business and/or reported sales, withholding, or income tax to the State of
Oklahoma:

<table>
<thead>
<tr>
<th>Name(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEI(s)</td>
</tr>
</tbody>
</table>

Tax Type and Date of Last Filing

Signature

Printed Name of Person Signing    Title

Daytime Telephone (please include area code) .

Please Direct questions to Business Tax Accounts (405) 521-3264 03-94/misc.003
Oklahoma ABLE Commission Charity Games Exempt Organization application

Page 8