



**ALCOHOLIC BEVERAGE LAWS
ENFORCEMENT COMMISSION**

50 NE 23rd Street
Oklahoma City, OK 73105
(405) 521-3484

CHARITY GAMES EXEMPT ORGANIZATION LICENSE APPLICATION CHECKLIST

Before completing the application packet read the information below:

- The application will be reviewed and under investigation upon filing of application.
 - File the completed application in person or by mail at the ABLE Commission, 50 NE 23rd Street Oklahoma City, OK 73105, Monday thru Friday 7:30 am to 4:30 pm.
 - File the completed application by fax at (405) 521-6578.
 - Contact the ABLE Commission office at (405) 521-3484 or visit our website at www.able.ok.gov if you have questions or need general information.
- *A charity games exempt organization license shall authorize the organization to conduct not more than four bingo games or charity games activities during a calendar year:**
- *A non-profit organization must be the applicant for this license that has tax exempt status with the IRS such as a 501c3 etc.**



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CHARITY GAMES EXEMPT ORGANIZATION LICENSE APPLICATION

Please complete the entire form. No licenses will be issued unless the ABE Commission is able to verify the information provided. The ABE Commission may request additional information not requested on this application. Additional information may be required prior to the issuance of any license.

CHARITY GAMES EXEMPT ORGANIZATION LICENSE AND FEE

Charity Games Exempt Organization License \$0.00

1. This License is valid for up to 4 Bingo Fundraising Events per year.			
2. Name of Organization			
3. Address of Organization			
City	County	State	Zip
4. Mailing Address			
City	County	State	Zip
5. Business Phone Number	6. Alternate Phone Number	7. E-mail Address	

OWNER INFORMATION

8. Type of Owner <input checked="" type="checkbox"/> Non-Profit Organization	
9a. Name of Organization Contact Person	9b. Contact Phone Number
10a. Name of Business Entity (Non-Profit Organization)	10b. Federal Employer Identification #

ADDITIONAL INFORMATION

11a. Application Contact Person	
11b. Application Contact Address	11c. Application Contact Phone Number
12a. Name of the Charitable Organization:	
12b. Donation Proceeds will be given to:	
12c. Timeframe for Charity Event:	
13a. Date of the Charity Event	
13b. How many games will be played?	

OWNER ACKNOWLEDGEMENT

I, _____, being duly sworn upon oath deposes and says: That he/she is the applicant who makes the above and foregoing application, that he/she has read and signed the same; knows the contents thereof and that all statements therein contained are true. Applicant(s) certifies that the statements and representations made herein are true and correct and consents that if any statements and representations herein are found to be false or omitted, that the Director may refuse to issue said license or may cause such license to be revoked forthwith at any time.

Signature of Applicant & Date