



Steven G. O'Donnell
Colonel
Superintendent

RHODE ISLAND STATE POLICE

Charitable Gaming Unit

311 Danielson Pike, No. Scituate, RI 02857-1907

Telephone: 401-444-1147

www.risp.ri.gov/sectionsandunits/charitablegaming

SENIOR CITIZENS RECREATIONAL BINGO APPLICATION (SP-4)

This application is to be used by organizations conducting recreational bingo on a regular basis for senior citizens residents.

DIRECTIONS:

1. **There is an application fee of \$5.00 for each application.** Please make check or money order payable to Rhode Island State Police and submit with application.
2. The application must be made out by the President, Chairman, or Principal Officer of the applying organization
3. All questions must be answered. If a particular question does not apply to your organization, please type N/A in the space provided.
4. If you have any questions regarding the information requested on this application, contact the Rhode Island State Police Charitable Gaming Unit at (401) 444-1147.
5. The information must be typed or clearly printed.
6. After completing this application, submit it to Rhode Island State Police Charitable Gaming Unit at least 60 days prior to the date of the bingo game.
7. After your organization receives a certificate of approval to conduct Bingo, you must contact the local licensing authority to pay any local fees and obtain the license.
8. Organizations conducting bingo games after approval by the Superintendent must comply with the requirements of Chapter 7 of the Rhode Island State Police Bingo Rules and Regulations relating to the conduct of special bingo games.

1. Date of Application _____

2. Name of Organization: _____

3. Address of Organization _____

4. Telephone Number of Organization _____

5. Does Organization have Charter as a non-profit organization? _____

6. List the general purposes for which the proceeds from the game shall be used. Proceeds must be used for bona fide charitable purposes. _____

7. List the individuals or officers of the organization who will have custody of the proceeds and records relating to game.

Name	Date of Birth	Address	Telephone Number
_____	_____	_____	_____

8. List the day or days of the week on which your organization plans to conduct Bingo.

9. List the address where the game will be conducted.

10. List approximate attendance, prizes awarded, estimate of gross and net proceeds and expenses expected for each occasion of bingo.

11. Name, address, date of birth, and telephone number of organization's president and the member in charge of the bingo games.

12. Please list members of organization who will be in control of operating, managing, supervising and running the bingo game.

<u>Name</u>	<u>Date of Birth</u>	<u>Address</u>	<u>Telephone Number</u>
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Please submit application along with \$5.00 application fee to Rhode Island State Police, Charitable Gaming Unit, 311 Danielson Pike, North Scituate, Rhode Island 02857.

The organization I am representing and myself agree to abide by the Bingo Rules and Regulations as set forth by the Superintendent and realize that any deviation from these Rules and Regulations could result in violation of Rhode Island General Law and prosecution by the State of Rhode Island

FULL SIGNATURE OF APPLICANT