



Rhode Island State Police Charitable Gaming Unit

311 Danielson Pike
North Scituate, Rhode Island 02857

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REGISTRATION APPLICATION TO CONDUCT THE GAME OF BINGO (FORM SP-1)

NOTE: This application is intended for charitable organizations desiring to conduct bingo games on a regular or weekly basis. Those organizations desiring to conduct bingo on an annual or semi-annual basis, or at occasions where the total prizes will not exceed \$400 per occasion (for example bingo at elderly complexes, primarily for recreational purposes) should not complete this application, but should apply using a special bingo application (Form SP-4).

DIRECTIONS:

1. This application must be made out by the President, Chairman or Principal Officer of the applying organization.
2. Information must be typed or clearly printed.
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 questions regarding the information requested on this application, contact the Rhode Island State Police Charitable Gaming Unit at (401) 444-1147.
5. The completed application, along with the organization's annual financial report for the preceding year (if applicable), proof of a RI Fire Marshal inspection, and a **\$5.00 application fee** must be mailed to: **Rhode Island State Police, Charitable Gaming Unit, 311 Danielson Pike, North Scituate, Rhode Island 02857**. Please make check or money order payable to Rhode Island State Police.
6. The only applications accepted will be on this revised application form only. Any applications submitted on old forms will be returned.

SECTION I

1. Date of Application _____
2. Name of Organization _____
3. Principal Address of Organization _____

4. Telephone Number of Organization _____
5. The Name Under Which the Organization Intends to Conduct the Game

6. If Applying Organization Does Not Maintain an Office, the Name, DOB, Address and Telephone Number of the Person Having Custody of the Financial Records of the Game

7. The Place and Date When the Organization was Legally Established _____

8. The Purpose for Which the Organization Was Established _____

9. Is the Charter of Your Organization in Full Force and in Full Compliance with All of the Requirements under the Corporate Laws of the State of Rhode Island?

SECTION II

1. The Charitable Purpose or Purposes for which the Proceeds from the Game shall be used (Be Specific) _____

2. The Name(s), Dates of Birth, of Individuals or Officers of the Organization who will have responsibility for the Custody of the Proceeds from the Game _____

3. The Name(s), Dates of Birth, of Individuals or Officers of the Organization responsible for the final distribution of the Net Proceeds _____

4. List the approximate total Net Proceeds raised by the Organization for Charitable Purposes the preceding year:

From Bingo Operations \$ _____
From Other Sources \$ _____

5. List all of the Organization's Disbursements of Funds for Charitable Purposes during the preceding year. Be specific. If more space is required, use the back of this form.

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

(6) _____

(7) _____

6. List the name of the Bank, Checking Account Number of the Special Bingo Account, and Persons authorized to write checks on the special Bingo Account. (Only funds derived from the operation of bingo shall be deposited into the Games of Chance Account.)

SECTION III

1. List the Day(s) of Week your Organization plans to conduct Bingo (Maximum of 2 days) _____

2. List the Address where the Game shall be Conducted _____
(If site is not owned by the Organization, attach a separate written request, detailing supporting reasons why it should be approved and a copy of the Lease Agreement as required in the rules and regulations.)

3. How long has your Organization conducted the Game at the Location listed above?

4. What is the approximate Seating Capacity of the Bingo Hall where you plan to conduct the Game?

5. Does your Bingo Location Comply with the Rhode Island State Fire Safety Code? _____
Date of last inspection _____

6. Does your Organization desire to run a Door Prize Raffle, as detailed in the rules and regulations? _____
If so, a separate Games of Chance application requesting authorization for a raffle must be completed and submitted to the local city/town police department for processing.

7. How Many Bingo Games will be Played During a Single Bingo Occasion? _____
(*Maximum of 45 games per occasion. Each time a prize is won is considered a game.)

8. Will your Organization be Conducting a Winner-Take-All Game? _____
9. Will your Organization be Providing a Progressive Jackpot? _____
10. Does your Organization Own its Bingo Equipment (ex: blower machine, flash board, tables & chairs, etc.)? _____
 (*If equipment is not owned by the organization, attach a separate written request, detailing supporting reasons why the rental should be approved.)
11. Where does your Organization Plan to Purchase its Bingo Supplies (paper strips, admission-control cards, etc.)?

SECTION IV

1. The Names, Addresses, Capacities, and Amounts of Compensation for all Individuals, Officers, Directors, Trustees, Agents, Servants and/or Employees of the Organization who have received Compensation, Commissions or Remuneration, directly or indirectly, from the Gross Receipts of the Game in Excess of \$750 Last Year. (Attach additional sheet if necessary)

NAME	ADDRESS	CAPACITY	AMOUNT

2. Name, Address, Date of Birth, Home Telephone Number of the Organization's Member-in-Charge Who Will Be Responsible for the Conduct of All Bingo Games.

3. List Members of Organization Who Will be Working at the Bingo (Attach Add'l Sheets, if necessary).
 Note: Each licensee must post conspicuously the list of members authorized by the RI State Police Charitable Gaming Unit to conduct or assist in the conduct of the game. All members appearing on such list must have been members of the licensed organization for at least two years. Any changes made to the list must be approved by the Division of State Police.

1. _____	DOB _____
(Principal Officer)	
Address _____	Yrs with Org. _____

2. (Member in Charge) Address _____	DOB _____ Yrs with Org. _____
3. (Member Responsible for Gross Receipts) Address _____	DOB _____ Yrs with Org. _____
4. (Member) Address _____	DOB _____ Yrs with Org. _____
5. (Member) Address _____	DOB _____ Yrs with Org. _____
6. (Member) Address _____	DOB _____ Yrs with Org. _____
7. (Member) Address _____	DOB _____ Yrs with Org. _____
8. (Member) Address _____	DOB _____ Yrs with Org. _____
9. (Member) Address _____	DOB _____ Yrs with Org. _____
10. (Member) Address _____	DOB _____ Yrs with Org. _____
11. (Member) Address _____	DOB _____ Yrs with Org. _____
12. (Member) Address _____	DOB _____ Yrs with Org. _____
13. (Member) Address _____	DOB _____ Yrs with Org. _____

3. Has any Member Listed Above as the Organization's Membership List of Bingo Workers...

- A. Been convicted of a crime other than a traffic violation within the last five years?
Yes ____ No ____.
If yes, explain in detail. Use back of this form or add'l sheet if necessary.
- B. Have any pending criminal matter? Yes ____ No ____.
If yes, please explain.
- C. Been compensated in any manner, either directly or indirectly, for working at any Bingo within the past five years? Yes ____ No ____
If yes, explain in detail. Use back of this form or add'l sheet if necessary.
- D. Received any compensation, either directly or indirectly, from the rental of bingo supplies, facilities or equipment in the last five years? Yes ____ No ____.
If yes, explain in detail. Use back of this form or add'l sheet if necessary.
- E. Worked as a bingo worker for more than one charitable organization at any one time in the past five years? Yes ____ No ____
If yes, explain in detail. Use back of this form or add'l sheet if necessary.
- F. Been allowed to become a member of the organization primarily for the purpose of working at bingo games? Yes ____ No ____.
If yes, explain in detail. Use back of this form or add'l sheet if necessary.
- G. Been approached by an individual offering to the organization the rental of bingo equipment, supplies or facilities? Yes ____ No ____.
If yes, explain in detail. Use back of this form or add'l sheet if necessary.
- H. Been approached by any individual offering to run the Bingo for your organization?
Yes ____ No ____.
If yes, explain in detail. Use back of this form or add'l sheet if necessary.

4. Will any Member Listed Above as the Organization's Membership List of Bingo Workers...

- A. Be compensated from the gross receipts? Yes ____ No ____.
If yes, explain in detail on the back of this form or on an additional sheet, including name, address, rate of compensation, and expected amount in upcoming year.
- B. Be compensated, either directly or indirectly, as an agent, servant or employer of any person, corporation or entity engaged in the business of the sale or rental of bingo equipment, supplies or facilities. Yes ____ No ____.
If yes, explain in detail on back of this form or add'l sheet if necessary.
- C. Be performing any services, either directly or indirectly, as an agent, servant or employee of any person, corporation or entity engaged in the business of the sale or rental of bingo equipment, supplies or facilities? Yes ____ No ____.
If yes, explain in detail on back of this form or add'l sheet if necessary.
- D. Be working for more than one charitable organization as a bingo worker? Yes ____ No ____.

