



RHODE ISLAND STATE POLICE

Charitable Gaming Unit

311 Danielson Pike, North Scituate, RI 02857-1907

Telephone: (401) 764-5568 · Fax: (401) 444-1097 · Website: risp.ri.gov/cgu

RECREATIONAL BINGO APPLICATION

FOR SENIOR CITIZEN CENTERS & SENIOR CITIZEN HOUSING (Form SP-4)

This application is to be used by senior citizen centers and any group of senior citizens at senior citizens housing that wish to conduct recreational bingo for its seniors, with prizes not to exceed \$400 per occasion.

DIRECTIONS:

1. **There is a \$5.00 application fee, which shall be in the form of check or money order payable to Rhode Island State Police. *Cash is not accepted under any circumstance.***
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) 764-5568.
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 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: _____

Email Address: _____

4. Telephone number of organization: _____

5. Does organization have charter as a non-profit organization? Yes No

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 names and dates of birth of individuals or officers of the organization who will have custody of the proceeds and records relating to game: ** Full legal name(s) and DOB(s) required or application will be returned******

Full Name: _____ **DOB:** _____

Full Name: _____ **DOB:** _____

8. List the day(s) of the week on which your organization plans to conduct bingo:

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

10. List the following for each occasion of bingo:

Approximate Attendance: _____ persons Prizes Awarded: _____

Gross Proceeds Estimate: \$ _____ Net Proceeds Estimate: \$ _____ Expenses Expected: \$ _____

11. List the following information for the organization's president and the member in charge of the bingo game:

**** Full legal name(s) and DOB(s) required or application will be returned****

Full Name: _____ DOB: _____

Home Address: _____ Phone #: _____

Email: _____

Full Name: _____ DOB: _____

Home Address: _____ Phone #: _____

12. List the following for members in control of operating, managing, supervising, and running the bingo game:

**** Full legal name(s) and DOB(s) required or application will be returned****

Full Name: _____ DOB: _____

Home Address: _____ Phone #: _____

Full Name: _____ DOB: _____

Home Address: _____ Phone #: _____

Full Name: _____ DOB: _____

Home Address: _____ Phone #: _____

Full Name: _____ DOB: _____

Home Address: _____ Phone #: _____

Full Name: _____ DOB: _____

Home Address: _____ Phone #: _____

Full Name: _____ DOB: _____

Home Address: _____ Phone #: _____

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.

Applicant Printed Name

Applicant Signature

Date