



# 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](http://risp.ri.gov/cgu)

### **APPLICATION TO CONDUCT THE GAME OF BINGO** ***ON A WEEKLY BASIS (Form SP-1)***

*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 on occasions where the total prizes will not exceed \$400 per occasion, should not complete this application, but should instead use the Special Bingo Application (Form SP-4).*

#### **DIRECTIONS:**

1. This application must be made out by the President, Chairman or Principal Officer of 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) 764-5568.
5. The completed application, along with the organization's annual financial review of the preceding year (July 1 through June 30), if applicable, proof of a RI Fire Marshal inspection, and **the current application fee** must be mailed to: **Rhode Island State Police, Charitable Gaming Unit, 311 Danielson Pike, North Scituate, Rhode Island 02857.** **The \$5.00 application fee shall be in the form of check or money order payable to Rhode Island State Police. \*Cash is not accepted under any circumstance.\***
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:** \_\_\_\_\_  
Email Address: \_\_\_\_\_
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, please provide the following information for person having custody of financial records of the game: **\*\* Full legal name(s) and DOB(s) required or application will be returned\*\*****  
**Full Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

7. The place and date when organization was legally established:

Place: \_\_\_\_\_ Date: \_\_\_\_\_

8. State 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?  Yes  No

**SECTION II**

1. The charitable purpose or purposes for which the proceeds from the game shall be used: (Be specific – must be for charitable purposes.)

\_\_\_\_\_  
\_\_\_\_\_

2. The full name(s) and date(s) of birth of individuals or officers of the organization who will be responsible for the custody of the proceeds from the game: **\*\* Full legal name(s) and DOB(s) required or application will be returned\*\***

FULL NAME	DATE OF BIRTH

3. The name(s) and date(s) of birth of individuals or officers of the organization responsible for the final distribution of the net proceeds: **\*\* Full legal name(s) and DOB(s) required or application will be returned\*\***

FULL NAME	DATE OF BIRTH

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.

Name of Bank: \_\_\_\_\_ Checking account #: \_\_\_\_\_

Persons Authorized to Write Checks: (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

### SECTION III

1. List the day(s) of the 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 seating capacity of the bingo hall where you plan to conduct the game? \_\_\_\_\_ persons

5. Does your bingo location comply with the Rhode Island State Fire Safety Code?  Yes  No

Date of last inspection: \_\_\_\_\_

6. Does your organization plan to offer a door prize raffle, as detailed in the rules and regulations?

Yes  No

Note: If tickets are sold for the chance to win a prize, 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?  Yes  No

9. Will your organization be conducting a progressive jackpot?  Yes  No

10. Does your organization own its bingo equipment (ex: blower machine, flash board, tables & chairs, etc.)?

Yes  No

(If equipment is not owned by the organization, attach a separate written request, detailing supporting reasons why the rental should be approved.)

\* Charitable organizations owning bingo equipment and lessors of bingo equipment must register that equipment with the Federal Government under 15 U.S.C. Chapter 24, which deals with gambling devices and the Gambling Device Act of 1962, if applicable. A copy of the registration letter sent to the U.S. Government must be submitted at the time of application or renewal of application. (<https://www.justice.gov/criminal-oeo/gambling-device-registration>)

11. Where does your organization plan to purchase its bingo supplies (paper strips, admission-control cards, etc.)?

\_\_\_\_\_

**SECTION IV**

1. List 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	HOME ADDRESS	CAPACITY	AMOUNT

2. List organization's Member(s)-in-Charge who will be responsible for the conduct of all bingo games:  
**\*\* 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 #: \_\_\_\_\_

3. List members of the organization who will be working at the bingo: (Attach additional 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 to the list must be approved by the Division of State Police. Only those listed and approved by the Division may be involved in the conduct of the game. **\*\* Full legal name(s) and DOB(s) required or application will be returned\*\***

<u>Principal Officer</u>	
Full Name:	DOB:
Home Address:	Years with Org.:
<u>Member-in-Charge</u>	
Full Name:	DOB:
Home Address:	Years with Org.:
<u>Member Responsible for Gross Receipts</u>	
Full Name:	DOB:
Home Address:	Years with Org.:
<u>Members</u>	
Full Name:	DOB:
Home Address:	Years with Org.:
Full Name:	DOB:
Home Address:	Years with Org.:
Full Name:	DOB:
Home Address:	Years with Org.:
Full Name:	DOB:
Home Address:	Years with Org.:

<b>Full Name:</b>	<b>DOB:</b>
<b>Home Address:</b>	<b>Years with Org.:</b>
<b>Full Name:</b>	<b>DOB:</b>
<b>Home Address:</b>	<b>Years with Org.:</b>
<b>Full Name:</b>	<b>DOB:</b>
<b>Home Address:</b>	<b>Years with Org.:</b>
<b>Full Name:</b>	<b>DOB:</b>
<b>Home Address:</b>	<b>Years with Org.:</b>
<b>Full Name:</b>	<b>DOB:</b>
<b>Home Address:</b>	<b>Years with Org.:</b>
<b>Full Name:</b>	<b>DOB:</b>
<b>Home Address:</b>	<b>Years with Org.:</b>

**4. Has any member listed above as the organization’s membership list of bingo workers ever:**

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

*Note: If you answered “Yes” to any of the questions above, please explain your answer in detail.  
(Use the back of this form or attach additional pages if necessary.)*

**5. Will any member listed above on 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
- 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
- D. Be working for more than one charitable organization as a bingo worker?  
 Yes       No

*Note: If you answered “Yes” to any of the questions above, please explain your answer in detail.  
(Use the back of this form or attach additional pages if necessary.)*

