GC-6

NYS RACING & WAGERING BOARD 1 Watervliet Ave. Ext., Suite 2 Albany, NY 12206-1668 Telephone (518) 453-8460 Fax (518) 453-8492 www.racing.state.ny.us

APPLICATION TO AMEND

(PLEASE CHECK)
GAMES OF CHANCE

BELL JAR

RAFFLE





Must be conspicuously displayed along with License (GC-5)

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I swear (or affirm):

- 1. That ALL the attached Schedules are a material part hereof and are incorporated herein as if set out in full in the application. All the answers contained in this application are a material part hereof.
- That the entire net proceeds of all games of chance shall be devoted exclusively to one or more of the "lawful purposes" as defined in the Games of Chance Licensing Law and the Rules and Regulations of the Board.
- 3. That for each license period for which a license is sought, one or more of the active members under whose supervision the games are to be held, operated and conducted, who is familiar with the Games of Chance Licensing Law, the Rules and Regulations of the N.Y.S. Racing & Wagering Board and local licensing ordinances or laws, will be present at all times, in charge and primarily responsible for the conduct of games.
- 4. That the undersigned will be responsible for the holding, operation and conduct of all games of chance in accordance with the terms of the license, the provisions of the Games of Chance Licensing Law, the Rules and Regulations of the N.Y.S. Racing & Wagering Board and with the provisions of local licensing ordinances or laws.
- 5. That the undersigned has read and is familiar with the provisions of the Games of Chance Licensing Law as amended, the Rules and Regulations of the N.Y.S. Racing & Wagering Board, and the local licensing ordinances or laws.
- 6. That no commission, salary, compensation, reward or recompense will be paid to any person for holding or assisting in the operating or conducting of the games, except to bookkeepers or accountants for professional services in an amount not exceeding that fixed by the N.Y.S. Racing and Wagering Board.

/ /	Signature o	f the Head of Organiz	ation	Print Name	
STATE	OF	NEW YORK	1		
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CITY/TOWN/VILLAGE	OF		_		
that (s)he has read the foregoing affixed his (her) signature to this	s affidavit.	e answer therein noted	i, and that such ansv	sys that (s)he is the person a wers are true and that (s)he	has personally
Sworn to before me this		, 20		·	
Notary Pub	lic		Commissioner o	f Deeds	
My Commission expires		, 20			
To be completed by M	Aunicipal Clerk:	Issued by	(Name of Municipality)	·
		<u> </u>	(Title of	Authorized Officer)	
			(Signature	of Authorized Officer)	
				(Date)	

