



**GC-2B Application for Games of Chance License**

Name of Organization: \_\_\_\_\_

Games of Chance Identification Number: \_\_\_\_\_ Date: \_\_\_\_\_

**SCHEDULE 5: DATES, HOURS AND RENT OF ALL LICENSE PERIODS TO BE HELD**

*(NOT APPLICABLE FOR BELL JAR GAMES)*

DATE	HOURS	RENT
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____

**RAFFLES**

DATE	HOURS	PRIZES (Cash or Fair Market Value of Merchandise)
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____
____/____/____	____:____ am/pm - ____:____ am/pm	\$ _____

**SCHEDULE 6: EXPENSES**

List items of expense to be incurred, and the names and addresses of vendors.

ITEM OF EXPENSE	VENDOR NAME	ADDRESS	STATE	ZIP
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**SCHEDULE 7: TYPES OF GAMES**

List all of the single types of games to be conducted at all license periods enumerated in Schedule 5.

**For Casino Nights and Bazaars only:** The total amount of prizes during any one license period shall not aggregate more than \$400 for each single type of game of chance when five types of games of chance are to be conducted during any one license period. The total amount of prizes during any one license period shall not aggregate more than \$500 for each single type of games of chance when less than five types of games of chance are to be conducted during any one license period.

LIST NAME OF EACH TYPE  
OF GAME OF CHANCE  
(Limit: 5 Games)

LIST THE MAXIMUM AMOUNT OF  
PRIZES TO BE AWARDED FOR  
EACH TYPE OF GAME  
(GAME BANK)

_____	at	\$ _____
_____	at	\$ _____
_____	at	\$ _____
_____	at	\$ _____
_____	at	\$ _____

**For Merchandise Wheels, Bell Jars and Raffles, please complete the appropriate spaces below.**

**MERCHANDISE WHEELS:**

INDICATE NUMBER OF  
MERCHANDISE WHEELS  
(NO LIMIT)

THE TOTAL AMOUNT OF PRIZES FOR  
EACH MERCHANDISE WHEEL SHALL  
NOT EXCEED \$10,000 AND NO SINGLE  
PRIZE SHALL EXCEED \$250

\_\_\_\_\_

**BELL JAR:**

INDICATE IF THIS APPLICATION  
IS FOR A BELL JAR LICENSE

THE TOTAL AMOUNT OF PAYOUTS  
FOR EACH BELL JAR DEAL SHALL NOT  
EXCEED \$6,000 AND NO SINGLE PRIZE  
SHALL EXCEED \$1,000

YES \_\_\_\_\_ NO \_\_\_\_\_

**RAFFLES:**

INDICATE IF THIS APPLICATION  
IS FOR A RAFFLE LICENSE

THE TOTAL AMOUNT OF PRIZES FOR  
ALL THE RAFFLES CONDUCTED DURING  
THIS CALENDAR YEAR SHALL NOT  
EXCEED \$3,000,000. NO SINGLE PRIZE  
SHALL EXCEED \$300,000

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, LIST RAFFLE DATES, TIME(S)  
OF DRAWING(S) AND PRIZES IN  
SCHEDULE 5