

How to qualify for a license

- ✓ Be organized as a non-profit group.
- ✓ Be incorporated in the District of Columbia as a non-profit.
- ✓ Have twenty active members (ten if senior citizen's group).
- ✓ Be authorized by its Constitution, articles of incorporation or bylaws to further a lawful purpose in the District of Columbia.
- ✓ Operate without profit to its members.
- ✓ Have been in existence not less than one year preceding license application date.
- ✓ Be incorporated in Maryland or Virginia as a non-profit group, meet licensing requirements of respective jurisdiction and guarantee that 30% or more of net proceeds are contributed to eligible D.C. organizations or programs.

How to apply for a license

- ✓ Get your license application from the Charitable Games Division of the DC Lottery by phone request or stop by in person and pick it up.
- ✓ Complete and return application along with:
 - Check or money order for license fee.
 - Proof of ownership of prizes or surety bond for an amount up to the total value of all prizes.
 - Copy of IRS and D.C. Finance and Revenue Tax Exempt notice.
 - Certificate and Good Standing from D.C. Consumer and Regulatory Affairs.
 - Sample of tickets to be printed.
- ✓ Mail or hand deliver to:
Office of Lottery and Gaming
2235 Shannon Place S.E.
Washington, DC 20020-5739

Dear Applicant:

Thank you for your recent inquiry concerning a fundraiser. We are sending you the information and forms needed to apply for the license you requested. Instructions are provided on the reverse side of the application. Please complete all forms and return them with a check for the appropriate amount made out to the DC Lottery.

Within ten business days of the receipt of your completed application you will be notified of your eligibility. **Please note: No tickets can be printed until you have been notified that your application has been approved.** To receive your license certificate, you must provide your printer's statement and a copy of the first and last tickets. **Only then may you sell tickets or conduct your event.** If you have any questions or need assistance, please contact me, or the Charitable Games Department staff on (202) 645-8071. We look forward to working with you on your charitable event.

Charitable Games and Licensing

Department of Licensing and Charitable Games Raffle License Application Checklist

1. APPLICATION NOTARIZED
2. LICENSE FEE (CHECK/MONEY ORDER)
3. PRIZES SHALL BE OWNED/OR IN LIEU OF OWNERSHIP:
 - (A) PROVIDE A SURETY BOND NOT IN EXCESS OF THE PRIZE VALUE
 - (B) WRITE A CHECK TO OFFICE OF LOTTERY AND GAMING FOR AMOUNT OF NOT IN EXCESS OF THE PRIZE VALUE
 - (C) PROVIDE CONFIRMATION LETTERS FROM DONORS, IF PRIZES ARE DONATED
4. LIST OF MEMBERS
5. LIST OF PRIZES
6. SAMPLE TICKET (A VERBATIM COPY OF ACTUAL TICKET)
7. STATEMENT OF PRINTER (FORM MUST BE COMPLETED BY THE PRINTER AFTER LICENSE HAS BEEN APPROVED)
8. COPY OF CERTIFICATE OF OCCUPANCY
9. COPY OF RENTAL AGREEMENT (IF APPLICABLE)
10. LETTER OF APPROVAL FROM BUILDING ADMINISTRATOR (IF EVENT IS ON SCHOOL GROUNDS)
11. COPY OF IRS TAX EXEMPT STATUS (CONTRIBUTIONS ARE TAX DEDUCTIBLE)
12. CERTIFICATE OF GOOD STANDING (CONSUMER AND REGULATORY AFFAIRS, 941 NORTH CAPITOL STREET, N.E., (202) 442-4432)
13. COPY OF CONSTITUTION, ARTICLES, CHARTER OR BYLAWS
14. MEMBER IN CHARGE OF GROSS RECEIPTS MUST BE BONDED. PLEASE SUBMIT CERTIFICATE OF INSURANCE/RIDER

Name of Organization

Contact Person/Telephone Number/Email

NEW AMENDED

Raffle License Application

(PLEASE TYPE OR PRINT)
PLEASE READ INSTRUCTIONS ON REVERSE SIDE FIRST.

DATE OF APPLICATION _____
MONTH DAY YEAR

A

1 _____
APPLICANT ORGANIZATION

2 _____
STREET ADDRESS

3 _____
CITY STATE ZIP CODE

4 _____ 5 _____
WARD # TELEPHONE NUMBER

6 MEMBER-IN-CHARGE (Must be a District of Columbia Resident)

NAME _____

ADDRESS (Home) _____

_____ CITY STATE ZIP CODE

ARE YOU 18 YEARS OLD OR OLDER? _____ PHONE # _____

7 DEPUTY MEMBER-IN-CHARGE (Must be a District of Columbia Resident)

NAME _____

ADDRESS (Home) _____

_____ CITY STATE ZIP CODE

ARE YOU 18 YEARS OLD OR OLDER? _____ PHONE # _____

8 MEMBER RESPONSIBLE FOR UTILIZATION OF GROSS RECEIPTS

NAME _____

ADDRESS (Home) _____

_____ CITY STATE ZIP CODE

ARE YOU 18 YEARS OLD OR OLDER? _____ PHONE # _____

B

1 CLASS OF LICENSE REQUESTED (MARK ONE)

\$200 \$100 \$50 \$25 \$10

1 2 3 4 5

License Fees must be submitted with this application.

2 LOCATION OF RAFFLE DRAW

STREET ADDRESS AND ZIP CODE

3 ROOM # 4 WARD # 5 TELEPHONE #

6 LOCATION IS OWNED RENTED (See instructions for necessary attachments)

(OFFICE USE ONLY) APPROVE _____ DISAPPROVE _____

FEE PAID _____ DATE _____
MONTH DAY YEAR

LICENSE # _____

C

1) YES NO APPLICANT IS MAKING APPLICATION AS A SENIOR CITIZEN GROUP.
MONTH DAY YEAR

2) APPLICANT HAS BEEN ORGANIZED AND ACTIVELY ENGAGED IN FURTHERING ITS AUTHORIZED LAWFUL PURPOSE IN THE DISTRICT AS A NOT-FOR-PROFIT CORPORATION PURSUANT TO D.C. CODE SECTION 29-501 AND 29-1001 SINCE:
MONTH DAY YEAR

PLEASE ATTACH CERTIFICATE OF GOOD STANDING FROM THE D.C. DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS.
PLEASE ATTACH A COPY OF CORPORATE/ORGANIZATION'S BYLAWS.

3) YES NO APPLICANT ORGANIZATION HAS AT LEAST TWENTY MEMBERS. PLEASE ATTACH NAMES AND ADDRESSES OF THOSE MEMBERS ON A FORM PROVIDED BY THE BOARD. (TEN IF SENIOR CITIZEN GROUP)

4) YES NO APPLICANT HOLDS A CURRENT IRS NOTICE OF EXEMPTION. PLEASE ATTACH IRS NOTICE OF EXEMPTION.

5) YES NO APPLICANT HOLDS A CURRENT LETTER OF DETERMINATION (FRANCHISE TAX EXEMPTION) FROM THE D.C. DEPARTMENT OF FINANCE AND REVENUE. PLEASE ATTACH FINANCE AND REVENUE LETTER OF DETERMINATION.

6) LAWFUL PURPOSE FOR WHICH FUNDS ARE RAISED.

7) PRINCIPAL ACTIVITY OF APPLICANT ORGANIZATION (Mark One)

<input type="checkbox"/> CHARITABLE	<input type="checkbox"/> RELIGIOUS	<input type="checkbox"/> CIVIC
<input type="checkbox"/> ELEEMOSYNARY	<input type="checkbox"/> BENEVOLENT	<input type="checkbox"/> RECREATIONAL
<input type="checkbox"/> PHILANTHROPIC	<input type="checkbox"/> HUMANE	<input type="checkbox"/> FRATERNAL
<input type="checkbox"/> EDUCATIONAL	<input type="checkbox"/> SOCIAL	<input type="checkbox"/> OTHER

D

1) DATE OF DRAW OF RAFFLE: _____
MONTH DAY YEAR AM PM

2) TIME OF RAFFLE DRAW: _____ PM

3) AGGREGATE VALUE OF PRIZES \$ _____

4) UNIT PRICE OF RAFFLE TICKETS \$ _____

5) NUMBER RAFFLE TICKETS TO BE PRINTED _____

6) APPROXIMATE ODDS OF WINNING ASSUMING ALL RAFFLE TICKETS PRINTED ARE SOLD. 1 IN _____

LICENSE CLASSES 1, 2, 3, 4, AND 5 ATTACH STATEMENT OF PRINTER (FORM PROVIDED BY THE BOARD).

I, HEREBY, CERTIFY THAT THE INFORMATION STATED IN THIS APPLICATION AND ALL ATTACHMENTS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

(DISTRICT OF COLUMBIA) ss:
Subscribed and sworn to before me this

day of _____, A.D. 20_____

Signature of Notary Public

SIGNATURE OF HEAD OF ORGANIZATION AND TITLE

City _____ State _____

My Commission expires _____

**APPLICATION MUST BE ACCOMPANIED BY LICENSE FEE
PLEASE ALLOW FOUR (4) WEEKS FOR PROCESSING**

CHECKS PAYABLE OFFICE OF LOTTERY AND GAMING

(Rev. 8/08)

0-3108-1 wd-290

PLEASE READ THESE INSTRUCTIONS CAREFULLY.

FAILURE TO PROVIDE ALL NECESSARY INFORMATION OR ANY REQUIRED ATTACHMENTS MAY DELAY OR PREVENT THE PROCESSING OF THIS APPLICATION.

SECTION A:

- Item 1:** NAME OF ORGANIZATION TO WHOM LICENSE IS TO BE ISSUED. THIS ORGANIZATION MUST MEET ALL REQUIREMENTS OF D.C. CODE SECTION 2-2523 AND THE RULES OF DC LOTTERY.
- Item 2:** STREET ADDRESS OF APPLICANT ORGANIZATION.
- Item 3:** CITY, STATE AND ZIP CODE OF APPLICANT ORGANIZATION.
- Item 4:** D.C. WARD NUMBER OF APPLICANT ORGANIZATION.
- Item 5:** TELEPHONE NUMBER OF APPLICANT ORGANIZATION.
- Item 6:** NAME, COMPLETE HOME ADDRESS, INCLUDING ZIP CODE, DATE OF BIRTH AND TELEPHONE NUMBER OF THE DESIGNATED MEMBER-IN-CHARGE, WHO IS A RESIDENT OF THE DISTRICT OF COLUMBIA.
- Item 7:** NAME, COMPLETE HOME ADDRESS, INCLUDING ZIP CODE, DATE OF BIRTH AND TELEPHONE NUMBER OF THE DESIGNATED DEPUTY MEMBER-IN-CHARGE, WHO IS A RESIDENT OF THE DISTRICT OF COLUMBIA.
- Item 8:** NAME, COMPLETE HOME ADDRESS, INCLUDING ZIP CODE, DATE OF BIRTH AND TELEPHONE NUMBER OF THE DESIGNATED MEMBER RESPONSIBLE FOR UTILIZATION OF GROSS RECEIPTS.

SECTION B:

- Item 1:** INDICATE WITHIN APPROXIMATE BOX FOR CLASS OF LICENSE REQUESTED. CLASS OF RAFFLE LICENSE IS DETERMINED BY THE VALUE OF PRIZES, SEE SECTION 1204 OF OFFICE OF LOTTERY AND GAMING.
- Item 2:** COMPLETE STREET ADDRESS AND ZIP CODE OF PREMISES WHERE RAFFLE IS TO BE DRAWN. (THIS ADDRESS WILL BE PRINTED ON THE LICENSE).
- Item 3:** ROOM NUMBER, IF ANY, AT PREMISES WHERE RAFFLE IS TO BE DRAWN.
- Item 4:** D.C. WARD OF PREMISES WHERE RAFFLE IS TO BE DRAWN.
- Item 5:** TELEPHONE NUMBER AT PREMISES WHERE RAFFLE IS TO BE DRAWN.
- Item 6:** INDICATE WITH "X" IN APPROPRIATE BOX IF PREMISES WHERE RAFFLE DRAW WILL TAKE PLACE IS OWNED OR RENTED BY THE APPLICANT ORGANIZATION. **IF PREMISES ARE RENTED, APPLICANT MUST ATTACH A COPY OF THE RENTAL LEASE AGREEMENT.** ATTACH A COPY OF CURRENT OCCUPANCY PERMIT.

SECTION C:

- Item 1:** INDICATE WITH "X" IN APPROPRIATE BOX WHETHER APPLICANT ORGANIZATION IS MAKING APPLICATION AS A QUALIFYING SENIOR CITIZEN GROUP. SEE SECTION 1201 OF OFFICE OF LOTTERY AND GAMING RULES.
- Item 2:** FILL IN MONTH, DAY OF YEAR SINCE APPLICANT HAS BEEN ORGANIZED IN ACCORDANCE WITH D.C. CODE SECTION 29-501 AND 29-1001 (1981 ED.)
 - ATTACH A CERTIFICATE OF GOOD STANDING DATED NO EARLIER THAN THE DATE THIS APPLICATION IS MADE.
 - ATTACH A COPY OF APPLICANT ORGANIZATION'S CONSTITUTION, CHARTER, OR BYLAWS.
- Item 3:** INDICATE WITH "X" IN APPROPRIATE BOX WHETHER APPLICANT HAS AT LEAST TWENTY MEMBERS. (TEN IF SENIOR CITIZEN GROUP).
 - PLEASE ATTACH LIST OF THESE MEMBERS ON A FORM PROVIDED BY THE BOARD.
- Item 4:** INDICATE WITH "X" IN APPROPRIATE BOX WHETHER APPLICANT HOLDS A CURRENT IRS NOTICE OF EXEMPTION.
 - IF YES ATTACH A COPY OF THIS NOTICE.
- Item 5:** INDICATE WITH "X" IN APPROPRIATE BOX WHETHER APPLICANT HOLDS A CURRENT LETTER OF DETERMINATION (FRANCHISE TAX EXEMPTION FROM THE D.C. DEPARTMENT OF FINANCE AND REVENUE).
 - IF YES ATTACH A COPY OF THIS LETTER.
 - **NOTE: APPLICANTS MUST ATTACH A COPY OF EITHER AN IRS NOTICE OR A FINANCE AND REVENUE LETTER.**
- Item 6:** BRIEFLY DESCRIBE LAWFUL PURPOSE FOR WHICH FUNDS FROM RAFFLE ACTIVITY WILL BE USED.
- Item 7:** INDICATE WITH "X" IN APPROPRIATE BOX THE PRINCIPAL ACTIVITY OF APPLICANT ORGANIZATION.

SECTION D:

- Item 1:** FILL IN MONTH, DAY AND YEAR OF RAFFLE DRAW.
- Item 2:** FILL IN TIME OF RAFFLE DRAW.
- Item 3:** FILL IN AGGREGATE VALUE OF PRIZES—PRIZES MUST BE OWNED OR IN LIEU OF OWNERSHIP:
 - (a) PROVIDE A SURETY BOND IN THE AMOUNT OF NOT TO EXCEED THE PRIZE VALUE.
 - (b) A CHECK PAYABLE TO OFFICE OF LOTTERY AND GAMING – NOT TO EXCEED THE PRIZE VALUE.
 - (c) PROVIDE CONFIRMATION LETTERS FROM DONORS, IF PRIZES ARE DONATED.
- Item 4:** UNIT PRICE OF RAFFLE TICKETS.
- Item 5:** NUMBER OF RAFFLE TICKETS TO BE PRINTED.
- Item 6:** FILL IN APPROXIMATE OVERALL ODDS OF WINNING.
 - ATTACH LIST OF PRIZES TO BE AWARDED ON A FORM PROVIDED BY THE BOARD.
 - NOTE APPLICANTS FOR RAFFLE LICENSES 1, 2, 3, 4, AND 5 MUST SUBMIT A **"STATEMENT OF PRINTER" ON A FORM PROVIDED BY THE BOARD.**

APPLICATION MUST BE SIGNED BY THE HEAD OF APPLICANT ORGANIZATION, INDICATING THE TITLE OF OFFICE HELD, I.E., PRESIDENT, SECRETARY, ETC., AS DESIGNATED IN THE ORGANIZATION'S CONSTITUTION, CHARTER OR BYLAWS. THIS SIGNATURE **MUST** BE NOTARIZED.

PLEASE INCLUDE ALL NECESSARY ATTACHMENTS AND FEES.

COPY OF REFUND POLICY AVAILABLE UPON REQUEST.

Charitable Games Division— License and Financial Guaranty Bond

Know All Men by These Present, that we, _____
_____ as Principal, and a corporation licensed to do business in
the District of Columbia as Surety, and held and firmly bound unto the Office of Lottery and
Gaming, hereinafter called Obligee, in the sum of
(\$ _____), lawful money of the United States, for the
payment whereof well and truly to be made we bind ourselves and each of us, and each of our
heirs, executors, administrators, successors and assigns, jointly and severally, firmly be these
present:

Whereas, the above-bounden Principal has made application to the Obligee for a
_____ license in accordance with Section 2-2523,
D.C. Code (1981) and is required to obtain a bond in accordance with Section 2-2525, D.C.
Code (1981).

Now, Therefore, the condition of this obligation is such that if the Principal shall conduct
themselves and their organization in accordance with the requirements of said Code, and
more specifically, shall faithfully discharge those privileges granted by the license, accurately
account for gross receipts, pay all expenses including fees and taxes and expend the net
proceeds according to law and award all prizes, then this obligation shall be null and void,
otherwise to be and remain in full force and effect.

Provided However, that the total liability of the Surety hereunder in no event is to exceed the
amount of this bond; and

Provided Further, that the liability of the Surety hereunder may be terminated by giving thirty
days written notice thereof, served either personally or by registered mail, to the Principal and
the Obligee, and upon giving such notice the Surety shall be discharged from all liability under
such bond for any act or omission of the Principal occurring after the expiration of thirty days
from the date of service of such notice.

Signed and Sealed with seals this _____ day of _____ 20_____

Witness

Principal

Witness

Surety

Membership List

LIST TWENTY ACTIVE MEMBERS OF THE APPLICANT ORGANIZATION, (TEN IF SENIOR CITIZENS GROUP). PRINT OR TYPE.

	NAME	STREET ADDRESS	TELEPHONE NO.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____

Prize List

IF PRIZE IS DONATED, SUBMIT LETTER FROM DONOR STATING THAT THE ITEM IS AN IRREVOCABLE GIFT TO THE ORGANIZATION. PRINT OR TYPE.

	ITEM	RETAIL VALUE	OWNED	
			YES	NO
1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
7.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
8.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
9.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
10.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
11.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
12.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
13.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
14.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
15.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
16.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
17.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
18.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
19.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
20.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

*THE DC LOTTERY MAY REQUIRE PROOF OF OWNERSHIP

**Facsimile Of
 Raffle Ticket**

Note: "Odds of Winning" are determined by dividing the number of prizes offered into the number of tickets printed.

Note: "Alt. Phone" and "Email" are optional contact information.

<p>RAFFLE: Purpose for which net proceeds will be used</p> <p>Name of Organization _____</p> <p>Date and Time of Raffle _____</p> <p>Top Three Prizes to be Awarded _____</p> <p>Aggregate Value of Prizes _____</p> <p>Place and Address of Drawing _____</p> <p>Winner Need Not be Present to Win _____</p> <p>Odds of Winning _____</p> <p>Cost of Raffle Ticket _____</p> <p>Licensed by: Office of Lottery and Gaming</p>	<p style="text-align: center; color: red; font-weight: bold;">100 001</p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____</p> <p>Alt. Phone _____</p> <p>Email _____</p> <p style="text-align: center; color: red; font-weight: bold;">100 001</p>
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Charitable Games Division— Statement of Printer

NAME OF LICENSED ORGANIZATION: _____

I, _____ OF _____ ,
(NAME OF PRINTER) (NAME OF BUSINESS)

(STREET ADDRESS) (CITY) (STATE AND ZIP)

PRINTER OF THE TICKETS FOR THE LICENSED ORGANIZATION MENTIONED ABOVE, DO
HEREBY STATE, UNDER THE PENALTIES OF PER JURY THAT :

THE TOTAL NUMBER OF TICKETS PRINTED WAS _____

THE FIRST NUMBERED TICKET WAS _____

THE LAST NUMBERED TICKET WAS _____

THE TICKETS WERE NUMBERED CONSECUTIVELY AND THERE WERE NO DUPLICATIONS.

PLEASE ATTACH A COPY OF YOUR TICKET.

(DATE)

(SIGNATURE OF PRINTER OF TICKETS)

*THIS ATTACHMENT IS REQUIRED AFTER DC LOTTERY APPROVAL OF THE APPLICATION, BUT BEFORE
LICENSE IS ISSUED.