



Division of Charitable Gaming

GC-2A Application for Games of Chance License

Name of Organization: _____

Games of Chance Identification Number: _____

SCHEDULE 1: OFFICERS AND DIRECTORS

List names, addresses and dates of birth of all officers.
If organization is a corporation, or an incorporated or unincorporated association, list officers and directors.

Table with 6 columns: TITLE, NAME, DATE OF BIRTH, ADDRESS, CITY, ZIP. Includes multiple rows of blank lines for data entry.

Attach additional sheet if necessary

SCHEDULE 2: MEMBERS IN CHARGE OF GAMES
(MUST BE AT LEAST FOUR MEMBERS OF APPLICANT ORGANIZATION)

Table with 6 columns: NAME, YEARS OF MEMBERSHIP, DATE OF BIRTH, ADDRESS, CITY, ZIP. Includes multiple rows of blank lines for data entry.

