

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
SOCIAL GAMBLING LICENSE APPLICATION

Applicant Information:

Please complete the information on behalf of the organization, business, or person for which you wish to submit an application. **All items designated by an asterisk (*) must be answered, or the application will be returned to the applicant.**

Has the applicant for which you are applying ever received a Social and Charitable Gambling License in the past? Yes No

If yes, please provide the Social and Charitable Gambling License number that was previously issued to the organization, business, or person: _____

Applicant's Name* (Organization, business, or person)

Address*

City*

State*

Zip Code* (nine-digit)

Federal ID Number

Sales Tax Number (if applicable)

and/or

Doing Business As (DBA) Name, if applicable

Eligibility Questions:

For the purposes of this license application, the term "applicant" means a person, an organization, or a business. If the applicant is an organization, then all eligibility questions apply to the organization's officers, directors, partners, board members, and controlling shareholders.

If the person completing this application is not the applicant, such as the secretary for an organization, the person must completely answer all qualifying questions. The licensee or responsible party will be held accountable for any missing or misleading information provided as part of this licensing process.

Which of the following best describes the applicant?*(Choose one)

- A corporation licensed to do business in the State of Iowa. This includes nonprofit organizations with a 501(c) classification from the Internal Revenue Service (IRS) - (churches, schools, government entities, or political parties).
- A business that has an established place of business in the State of Iowa. (Businesses requesting a social gambling license.)
- An entity that is doing business in the State of Iowa, but not located in Iowa (such as amusement concessions).
- A citizen of the United States and a resident of the State of Iowa, but not located in Iowa.
- Other _____

Has the applicant been convicted of a felony, federal or state, within five years of the date of this application, where citizenship rights have not yet been restored?*

- Yes No

Does the applicant have any delinquent tax liability?*

- Yes No

Has the applicant been convicted of or pled guilty to a criminal violation of the Iowa gambling law?* Iowa Code chapter 99B

Yes No

Has the applicant had more than two convictions or guilty pleas of serious or aggravated misdemeanors in the last two years? This includes any combination of serious or aggravated misdemeanors.*

Yes No

Has the applicant had a license or permit under Iowa Code chapter 123 suspended within the last 12 months because of a conviction or guilty plea to a violation of the Iowa Alcoholic Beverage Control Act?*

Yes No

Has the applicant had a liquor license revoked because of a conviction or guilty plea to a criminal violation of the Iowa Alcoholic Beverage Control Act?* Iowa Code chapter 123

Yes No

Application Type

Social and Charitable Licenses

Please select the type(s) of license for which you are applying.

<input type="checkbox"/>	<p>Amusement Concession License – One Year License <i>[Iowa Code sections 99B.3 and 99B.4, 481 IAC 101]</i> Authorizes concession games of skill or chance at a fair, amusement park, or local celebration. Please indicate where the amusement concession game(s) will be conducted:</p> <p><input type="checkbox"/> At a fair or local celebration. <input type="checkbox"/> At an amusement park (required designation by a city council or a county board of supervisors).</p>	\$50 License Fee (per game)
<input type="checkbox"/>	<p>Amusement Sponsor’s License – 14-Day License <i>[Iowa Code 99B.4, 481 IAC]</i> Authorizes the sponsor of a carnival, bazaar, or celebration to conduct games of skill or chance with the written permission from a county council or a county board of supervisors. Note: A copy of the written permission must be attached to the application.</p>	\$25 License Fee
<input type="checkbox"/>	<p>Social Gambling License – Beer & Liquor Establishments – Two-Year License <i>[Iowa Code 99B.6, 481 IAC 102]</i> Authorizes small stakes card and parlor games (such as cribbage euchre, hearts, checkers, chess, dominoes, etc.) between individuals, and permits sports-betting pools at licensed establishments.</p>	\$150 License Fee
<input type="checkbox"/>	<p>Social Gambling License – Public Place, No Alcohol Allowed – Two-Year License <i>[Iowa Code section 99B.9, 481 IAC 102]</i> Authorizes small stakes card and parlor games (such as cribbage euchre, hearts, checkers, chess, dominoes, etc.) between individuals.</p>	\$100 License Fee

The following questions apply to all Social Gambling License applicants:

Does the organization have a valid Class “A,” Class “B,” Class “C” or Class “D” liquor control license, or Class “B” beer permit?

Does the organization plan to conduct a sports betting pool under this license?*

Yes – attach copy of the grid and an explanation of the pool.
 No

Is the organization planning to charge a participation fee, cover charge, or other charge for the privilege of an individual to participate in or observe gambling under the license being requested?*

Yes
 No

Is the holder of the liquor control license or beer permit or any agent or employee of the license or permit holder planning to sponsor, conduct or promote, or act as a cashier or banker for any gambling activity under the license being sought?*

Yes
 No

Responsible Party

The person listed as the responsible party must be an officer, board member, or other person who has the authority to sign for the applicant. The responsible party's mailing address is the address where the license and other correspondence will be mailed. All items designated with an asterisk (*) must be answered.

Responsible Party's Name* (first name, last name)

Mailing Address* (include P.O. Box if part of mailing address)

City*

State*

Zip Code* (nine-digits)

Daytime Telephone Number* (please include area code)

E-Mail Address

Beginning Date for License

Please indicate the beginning date for which you are seeking a license (mm/dd/yyyy): *

____/____/____

Description of Gambling Activity *

Please provide a brief description of the activities to be conducted under the gambling license. Provide such information as the cost of the tickets, the value of the prizes, the dates when the activity will begin and conclude, and the date of the raffle drawing (if applicable). For a Social Gambling License, please indicate the card games to be played and, if conducting a sports betting pool, **enclose** a copy of the grid and an explanation of how the pool will be conducted.

For Social Gambling Licenses Only – Please indicate all the types of games that will be conducted under this license:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Poker | <input type="checkbox"/> Checkers |
| <input type="checkbox"/> Pinochle | <input type="checkbox"/> Chess |
| <input type="checkbox"/> Pitch | <input type="checkbox"/> Backgammon |
| <input type="checkbox"/> Gin Rummy | <input type="checkbox"/> Darts |
| <input type="checkbox"/> Euchre | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Hearts | <input type="checkbox"/> Sports Betting Pool* |
| <input type="checkbox"/> Cribbage | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dominoes | |

* Sports Betting Pool consists of grid where squares on the grid correspond to numbers on two intersecting sides of the grid.

Location Information

Please complete the information below regarding the location where the licensed activity or event will be conducted.

Name of Location Where Activity or Event Will be Conducted

Mailing Address

City

State

Zip Code (nine digits)

Telephone Number at Event Location

Notice to All Applicants

Although gambling license application processing time is typically one to two weeks, Iowa law allows the Department up to 30 days to review and investigate a gambling license application. Please keep this in mind when applying for a license and planning your event.

The Department may require additional information if deemed necessary to render a decision on this application. If you do not provide the required proof along with your completed license application, your application cannot be processed and will be returned. A written credit reference must be attached to the application. The credit reference must be from a financial institution or other entity with which the applicant does business and should state that the applicant has an established account and whether the account is in good standing.

The responsible party listed must be a person (not an organization). The person listed must be an officer, board member, or other person who has the authority to sign for the applicant. The responsible party's mailing address on page one of the application is the address where the license and future report forms will be mailed.

Acknowledgment of Accuracy of Application

By signing this application, I acknowledge that I have examined the information provided and any accompanying documents, and to the best of my knowledge and belief, the statements are true, accurate, and complete. I am aware that I am subject to investigation or audit by the Department of Inspections and Appeals (DIA), the Department of Public Safety (DPS), the Attorney General, or any law enforcement official. I am also aware that a gambling event or occasion must not occur before a license is issued.

Signature

Title

Date

Mail the completed application and a check for the appropriate license fee(s) to the address below. Make checks payable to Treasurer – State of Iowa.

Iowa Department of Inspections and Appeals
Social and Charitable Gambling Program
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083

Social gambling license application 10.28.08