

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
SOCIAL AND CHARITABLE 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

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)

Social Security Number* (for internal use only)

E-Mail Address

Note: Social Security Numbers are NOT public information, and will remain confidential.

Owners, Officers, and Board Members

(Attach additional sheets for other owners, officers, and board members. At least three are required for a charitable license.)

Owner, Officer, or Board Member 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)

Social Security Number* (for internal use only)

E-Mail Address

Note: Social Security Numbers are NOT public information, and will remain confidential.

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>	<p>\$50 License Fee (per game)</p>
<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>	<p>\$25 License Fee</p>
<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>	<p>\$150 License Fee</p>
<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> <p><i>The following questions apply to all Social Gambling License applicants:</i></p> <p>Does the organization have a valid Class “A,” Class “B,” Class “C” or Class “D” liquor control license, or Class “B” beer permit?</p> <p>Does the organization plan to conduct a sports betting pool under this license?*</p> <p><input type="checkbox"/> Yes – attach copy of the grid and an explanation of the pool. <input type="checkbox"/> No</p> <p>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?*</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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?*</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>\$100 License Fee</p>
<input type="checkbox"/>	<p>Raffle at Fair License – Duration of Fair <i>[Iowa Code section 99B.5, 481 IAC 100]</i> Each license authorizes raffles to be conducted by either the sponsor of the fair or a licensed qualified organization with written permission from the fair board during the term of the fair. Is the organization considered the sponsor of the fair?*</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, has the organization received permission from the sponsor of the fair to conduct a raffle?*</p> <p><input type="checkbox"/> Yes (attach a copy of the written permission from the fair board to the application) <input type="checkbox"/> No</p>	<p>\$30 License Fee (per raffle)</p>
<input type="checkbox"/>	<p>Annual Game Night License – Non-Qualified Organization – 16-Hour License <i>[Iowa Code section 99B.8, 481 IAC 107]</i> Authorizes the event sponsor to conduct games of skill or chance and card games during a period of 16 consecutive hours as permitted by Iowa law. A bona fide social or employment relationship must exist between all participants and the event sponsor. There is no charge for the event, and all prizes must be donated. This license is available only once per calendar year for any one person.</p>	<p>\$25 License Fee</p>

Qualified Organization – License Types

Please check one or more boxes below to indicate the type(s) of Qualified Organization license(s) for which you are applying:

<input type="checkbox"/>	Two-Year Qualified Organization License (see note below**) Authorizes unlimited games of skill or games of chance, as well as an unlimited number of small raffles and one large raffle. Also authorizes no more than three bingo occasions per week and no more than 14 occasions per month.	\$150 License Fee
<input type="checkbox"/>	14-Day Qualified Organization License (see note below**) Authorizes unlimited games of skill or games of chance, as well as an unlimited number of small raffles and one large raffle. Also authorizes one bingo occasion per each seven (7) consecutive calendar days. There is no limit on the number of bingo games played on the designated bingo days.	\$15 License Fee
<input type="checkbox"/>	90-Day Qualified Organization Raffle License (see note below**) Authorizes an unlimited number of small raffles and one large raffle during the licensing period. Does not authorize bingo or games of skill or games of chance.	\$40 License Fee
<input type="checkbox"/>	180-Day Qualified Organization Raffle License (see note below**) Authorizes an unlimited number of small raffles and one large raffle during the licensing period. Does not authorize bingo or games of skill or games of chance.	\$75 License Fee
<input type="checkbox"/>	One-Year Qualified Organization Annual Raffle License (see note below**) Authorizes an unlimited number of small raffles and no more than eight (8) large raffles (each conducted in a different county) in a 12-month period. Does not authorize bingo or games of skill or games of chance.	\$150 License Fee
<input type="checkbox"/>	Qualified Organization Real Property or Cash Prize Raffle License (see note below**) Authorizes one raffle per 12-month period in which the real property or cash value of the raffle exceeds \$100,000 (cash prizes cannot exceed \$200,000). In order to obtain this license, the organization must also hold either a Two-Year Qualified Organization or a Qualified Organization Annual Raffle license. This license does not authorize bingo or games of skill or games of chance.	\$100 License Fee
<input type="checkbox"/>	Bingo Conducted at a Fair or Community Festival License Authorizes bingo to be played for up to four consecutive days with no more than one occasion per day with hours not limited to four consecutive hours.	\$50 License Fee

** Note: The promotion of the raffle, the selling of tickets, and the drawing for the prize must all occur within the licensing period.

Card Tournament License

<input type="checkbox"/>	Veterans Card Tournament License – One-Year License <i>[Iowa Code 99B.7B, 481 IAC 106]</i> Authorizes a qualified veterans organization to play card games, which are limited to poker, pinochle, pitch, gin rummy, bridge, euchre, hearts, or cribbage held up to two times per month, and are not allowed to hold a card game tournament within seven days of another card game tournament.	\$100 License Fee
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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.

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)
<input type="text"/>	<input type="text"/>	<input type="text"/>

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
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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