

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)

E-Mail Address

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)

E-Mail Address

Qualified Organizations – Eligibility Questions

[Iowa Code sections 99B.2 and 99B.7, 481 IAC 100 and 481 IAC 103]

<input type="checkbox"/> ←	Please answer the following questions if you are applying for a Qualified Organization license: Check this box if your organization has a membership of 12 or more.* Please indicate the membership of your organization: _____*
<input type="checkbox"/> ←	Check this box if your organization has been in existence for at least five (5) years.*
<input type="checkbox"/> ←	Check this box if your organization has received a tax-exempt letter from the IRS. Please indicate below the type of tax-exempt status, and attach a copy of the IRS letter to this application.* <input type="checkbox"/> 501(c)(3) – Religious, educational, charitable, scientific, literary, testing for public safety, to foster national or international amateur sports competition, or prevention of cruelty to animals organizations. <input type="checkbox"/> 501(c)(4) – Civic leagues, social welfare organizations, and local associations of employees. <input type="checkbox"/> 501(c)(5) – Labor, agricultural, and horticultural organizations. <input type="checkbox"/> 501(c)(6) – Business leagues, chambers of commerce, real estate boards, etc. <input type="checkbox"/> 501(c)(7) – Social and recreational clubs. <input type="checkbox"/> 501(c)(8) – Fraternal beneficiary societies and associations. <input type="checkbox"/> 501(c)(10) – Domestic beneficiary societies and associations. <input type="checkbox"/> 501(c)(19) – Post or organization of past or present members of the armed forces.
<input type="checkbox"/> ←	Check this box if your organization represents the board of directors of a public school district, a public school, the policy-making board of a non-public school, or an organization authorized by either of the above.*
<input type="checkbox"/> ←	Check this box if your organization represents a local, state, or federal governmental entity. Indicate below the type of governmental entity represented by your organization:.* <input type="checkbox"/> A city organization. <input type="checkbox"/> A county organization. <input type="checkbox"/> A state organization. <input type="checkbox"/> A federal organization.
<input type="checkbox"/> ←	Check this box if your organization is a political party or a political party organization. A political party or political party organization means a political party as defined in Iowa Code section 43.2 as a county statutory committee, a nonparty political organization that has qualified to place a candidate as its nominee for statewide office pursuant to Iowa Code section 44.1, or a candidate committee as defined in Iowa Code section 68A.102(5). A political party organization does not include Political Action Committees (PACs).
<input type="checkbox"/> ←	Check this box if your organization is a local chapter of a national nonprofit organization.*

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.

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 _____

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