Dear Applicant:

Enclosed is an application for obtaining a **Charitable Gambling** license from the Iowa Department of Inspections & Appeals (DIA). Iowa law prohibits any gambling from occurring prior to having a gambling license in hand. Completed applications including all documents needed to process the application must be received at least 30 days prior to the requested start date.

A **Charitable Gambling** license may allow a qualified organization to conduct raffles, bingo, carnival-style games of skill and chance, and casino-style games of skill and chance depending on the license which is chosen. Each gambling activity has its own limitations on how often it may occur, how much each participant can be charged to play, and on the value of the prize(s) awarded. A qualified organization is any of the following:

1. An IRS 501(c)3, 4, 5, 6, 7, 8, 10, or 19 organization and has an active membership of at least 12 people.
2. A city, county, state, or federal government or governmental organization.
3. A (K-12) school or a parent-teacher organization or booster club that is recognized as a fund-raiser and supporter for a (K-12) school.
4. A political candidate, party, or nonparty political organization.

INCOMPLETE APPLICATIONS MAY BE RETURNED WITHOUT REVIEW. If the application is returned, please allow for 30 days processing time from the date of resubmission.

Once the application with required documentation is received, the DIA will review the paperwork and if approved a license will be mailed out. ***Please note the license is not valid until received and only valid during the time period mentioned on the license.*** You may call 515-281-6848 or send an e-mail to scg@iowa.gov with any questions.

Applications may also be completed on-line at https://dia.iowa.gov/scg
The Bingo at a Fair or Festival license may only be applied for on a paper application.

MAILING ADDRESS: Iowa Department of Inspections & Appeals
Social & Charitable Gambling Unit
321 East 12th Street
Des Moines, Iowa 50319-0083

Application Checklist:

- ☐ A fully completed Charitable Gambling application.
- ☐ State of Iowa Sales Tax Permit. All gambling activities are subject to state sales tax even for non-profit organizations. The only exceptions to this are gambling activities conducted by city/county government and county/state fairs. The Sales Tax Permit number should be reported on this application. If you have applied for a Sales Tax Permit and not yet received it you may answer the question as “applied for”. After your first license a Sales Tax Permit number is required.
- ☐ Appropriate non-refundable license fee (check or money order made payable to Department of Inspections and Appeals (DIA) or cash—in person only).
- ☐ If an organization has delinquent annual gambling reports, these must be completed prior to the approval of this application.
- ☐ Proof of non-profit status must be submitted. A detailed list of what is acceptable based on the type of non-profit organization is on the backside of this page.

☐ Proof of non-profit status paperwork. Acceptable documentation includes ***ONE*** of the following:

- 501(c) 3, 4, 5, 6, 7, 8, 10, or 19 Organizations—A copy of the organization's 501(c) determination letter from the IRS is the only acceptable document.
    - If your organization is a local chapter of a national non-profit 501c, the national 501c must be provided with an additional (link) letter from the national organization that holds the 501c stating that the local chapter falls under the group exemption status of the national 501c and is authorized to use that 501c.
- Governments or Governmental Organizations—Must include a letter from an elected official such as a mayor or county supervisor, or an appointed official such as a city manager or city clerk unless the responsible party and signor of the application is one of the above listed officials. The letter must state:
    1. The applicant is part of the respective government entity.
    2. The proceeds derived from the gambling activity will be received, deposited, and appropriated by the same government entity or that the government entity has oversight of the bank accounts and how all the monies are spent.
    3. The applicant has oversight of the organization's employees/volunteers and the selection/removal of those people.
    4. The applicant will act as the party to be held accountable regarding whether the gambling event is run in compliance with Iowa gambling law and rules.
- Schools (K-12), Parent-Teacher Organizations, and Booster Clubs, which are not a 501(c) organizations—Must include a notarized letter from the superintendent, principal, or school board director granting permission for licensure under the school's name unless the responsible party and signor of the application is one of the above listed officials. The letter must state:
    1. The organization is a fund-raising entity of the school or school district with the sole purpose of providing for the school or school district.
    2. The school or school district gives permission for the organization to conduct the gambling event.
- Political Candidates, Parties, or Nonparty Political Organizations—Must supply verification from one of the following: Secretary of State, Iowa Campaign Finance Disclosure Commission, or the County Auditor of their status.

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
CHARITABLE GAMBLING LICENSE APPLICATION

Please complete the information on behalf of the organization for which you wish to apply for a license. All information is required. Any information not completed may result in the return of your application.

Has the applicant listed below ever received a Social or Charitable Gambling License in the past?

- ☐ No
- ☐ Yes—please provide the previous gambling license number _____
- ☐ Not Sure

APPLICANT INFORMATION The applicant is the non-profit organization that is applying for a license.	
Applicant:	Doing Business As:
Physical Address of Applicant (if none then check here ☐):	City/State/Zip Code:
Mailing Address of Applicant (where license will be sent):	City/State/Zip Code:
Phone Number of Applicant:	Sales Tax Permit ID:

QUALIFYING QUESTIONS
To determine eligibility and what restrictions apply.

Does the applicant have any delinquent tax liability with the State of Iowa?

- ☐ Yes
- ☐ No

Has the organization been in existence for at least 5 years?

- ☐ Yes
- ☐ No

Is the organization a local branch of a national non-profit?

- ☐ Yes
- ☐ No

RESPONSIBLE PARTY INFORMATION The responsible party is generally the head of the non-profit organization that is applying for a license.	
Name of Responsible Party:	
Mailing Address for Responsible Party:	City/State/Zip Code:
Personal Phone Number for Responsible Party:	
E-Mail Address for Responsible Party:	

OWNERS, BOARD MEMBERS, MEMBERS, OR VOLUNTEERS Please list 3 people from the non-profit organization that may be contacted regarding this application and/or license. The info provided needs to include 3 separate names and contact information for each. The responsible party may be listed here also.	
Name:	
Mailing Address:	City/State/Zip Code:
Personal Phone Number:	E-Mail Address:
Name:	
Mailing Address:	City/State/Zip Code:
Personal Phone Number:	E-Mail Address:
Name:	
Mailing Address:	City/State/Zip Code:
Personal Phone Number:	E-Mail Address:

QUALIFIED ORGANIZATION TYPE (select ONLY ONE of the following) Please select the box that represents the type of organization that is applying. **Supporting documentation required**.	
☐	Check this box if your organization has received a tax exempt letter from the IRS and indicate the determination below. ☐ 501(c)(3) (i.e. churches, foundations, community organizations, animal organizations) ☐ 501(c)(4) (i.e. civic, social and local employee associations) ☐ 501(c)(5) (i.e. 4-H organizations, agricultural extension groups) ☐ 501(c)(6) (i.e. chambers, real estate boards) ☐ 501(c)(7) (i.e. social and recreational clubs) ☐ 501(c)(8) (i.e. fraternal societies and associations) ☐ 501(c)(10) (i.e. domestic societies and associations) ---------- ☐ 501(c)(19) (i.e. VFWs, American Legions) Does your 501(c)(19) organization intend to conduct Veteran's Card Tournaments? ☐ Yes—you must attach 8 months of meeting minutes for the non-profit that match the address below. ☐ No ↓↓↓ If yes above—Name of location: _____ Physical address: _____ City/State/Zip: _____
☐	Check this box if your organization is a local, county, state, federal or other government. ☐ City ☐ County ☐ State ☐ Federal ☐ Other _____
☐	Check this box if your organization is a political party, political candidate or nonparty political organization. *Political Action Committees (PAC's) do not qualify for a gambling license.*
☐	Check this box if your organization is a (K-12) public or private school or a parent-teacher organization or booster club that is recognized as a fund-raiser and supporter for a (K-12) public or private school. **Do not check this box if you have been granted a 501(c) determination letter from the IRS, rather check that box above.**

14-Day Qualified Organization License $15

Please select all types of gambling activities your organization plans to conduct under this license:

☐ Bingo—The location is set for the duration of the license. Provide the following info:

Name of location: _____

Physical address: _____

City/State/Zip: _____

Date of Bingo Occasion #1 _____ Date of Bingo Occasion #2 _____

☐ Raffles—Limit one large per calendar year and unlimited small or very small. Provide the following info:

☐ Small and Very Small Raffle(s) (Total prize value $10,000 or less)

☐ Large Raffle(s) (Total prize value over $10,000)

Will the raffle's total prize value exceed $100,000?

☐ Yes (must obtain additional Very Large Raffle license)

☐ No

RAFFLES	Raffle #1	Raffle #2	Raffle #3
Date(s) of Ticket Sales			
Date of Drawing			
Description of Prizes			
Total Value of Prizes			
Cost of tickets including discounts			
How is the winner(s) selected			

If conducting over 3 raffles in the license period please attach additional sheets as necessary.

☐ Games of Skill and Chance—No cash prizes or casino-style games are allowed. Provide the following info:

Games planned: _____

How prizes are awarded:

☐ Instant Win ☐ Other (chips, tickets, etc): _____

☐ Game Night—Only one is allowed per calendar year. Provide the following info:

Details	Game Night #1	Game Night #2
Date(s)		
Hours		
Games offered		
Cost to play (include initial buy-in & all re-buys)		
Method of wager (cash, chips, etc)		
How are prizes awarded		

Beginning Date for License

Please indicate the date that you would like the license to begin at least 30 days in the future; we are unable to issue retroactive licenses. For raffles the license duration must include your advertising, ticket sales, and drawing of the winner(s).

____/____/_____

ACKNOWLEDGEMENT

I understand that I must comply with the requirements pursuant to Iowa Code Chapter 99B, administrative rules of the Iowa Department of Inspections and Appeals, and other applicable state laws. By signing this application, I acknowledge that I have reviewed the information provided and any accompanying documents, and to the best of my knowledge the statements are true, accurate, and complete.

Signature _____ Title _____ Date _____