



CITY OF PROVIDENCE

RAFFLE Packet

Per State Police:

Effective November 1, 1993, there will be a \$5.00 application fee for all games of chance/raffles payable to: Rhode Island State Police. Also a check for \$10, payable to the city of Providence for the actual license.

All paperwork must be submitted to the Providence Board of Licenses, City Hall, Room 104, Providence, RI 02903

Thank you,

Board of Licenses

BOARD OF LICENSES

Providence City Hall | 25 Dorrance Street, Room 104, Providence, Rhode Island 02903
401 421 7740 ph | 401 272 2430 fax

www.providenceri.com



CITY OF PROVIDENCE

APPLICATION FOR AN ENTERTAINMENT LICENSE

The undersigned respectfully petitions your Honorable Board of License to make application for an Entertainment License, subject to such restrictions and regulations as the Board of Licenses may prescribe.

MUST BE SUBMITTED 10 DAYS PRIOR TO THE EVENT

DATE: _____

Applicant Name: _____

License Location: _____

Date(s): _____

Time(s): _____

Type of Entertainment: Live Band ___ DJ ___ Adult ___ Other ___

If Other Explain: _____

E-Mail Address: _____

Daytime Phone: _____

Print Name: _____ Signature: _____

Print, sign and return completed application to the Board of Licenses, Room 101 Providence City Hall. (We accept Check or Money Order ONLY.)

** FOR INTERNAL OFFICE USE ONLY (Rev'd 09/11) **

	TO	FROM	
HEARING			
PROMO PERMIT			FILED _____
FIRE			FEE _____
BUILDING			CHECK # _____
TRAFFIC			LICENSE # _____
ALARM			APPEARANCE _____
PARKS			ISSUE DATE _____
COUNCIL			EXPIRE DATE _____
APPROVED			
DENIED			RENEWAL NEW

BOARD OF LICENSES

BCI PERSONAL INFORMATION FORM **DO NOT GET ONE DONE ELSEWHERE**

Name: _____ Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Date of Birth: _____ Male _____ Female _____
Cell Number: _____ Email: _____

Military: _____ How Many Years: _____
Type of Discharge: _____
Former Address: _____
Current Address: _____
Business Address : _____

HACKNEY LICENSES ONLY Driver's License: _____
Class of License: _____ Have you had any violations in the past 18 months? _____
If so Explain:

AFFIDAVIT

Have you ever been arrested? _____ If so, what was the offense, what City/State, dates?

PRIVATE DETECTIVES: Do you intend to carry a firearm? ____ If yes, permit Number: _____

I THE UNDERSIGNED APPLICANT, AFFIRM THAT THE FACTS CONTAINED HEREIN ARE TRUE AND THAT ANY OMISSION OR NON FACTUAL INFORMATION COULD RESULT IN THE DENIAL OF MY LICENSE.

Sign: _____ Date: _____

DO NOT WRITE BELOW - POLICE USE ONLY

Record: _____ No Record: _____
Charges:

Approved: _____ Disapproved: _____ Date: _____

Chief of Police

Investigating Officer



RHODE ISLAND STATE POLICE

Charitable Gaming Unit

311 Danielson Pike, No. Scituate, RI 02857-1907

Telephone: (401) 444- 1147; Fax 444-1038

www.risp.ri.gov/charitablegaming

Steven G. O'Donnell
Colonel
Superintendent

APPLICATION FOR CHARITABLE ORGANIZATIONS REQUESTING GAMES OF CHANCE

\$5.00 APPLICATION FEE REQUIRED (Make check or money order payable to RI State Police)

SUBMIT COMPLETED APPLICATION TO LOCAL POLICE DEPARTMENT WHERE FINAL DRAWING IS TO BE HELD, (with the exception of PROVIDENCE - PROVIDENCE EVENTS ARE TO BE SUBMITTED TO PROVIDENCE CITY HALL LICENSING DEPARTMENT.

NAME/ADDRESS OF APPLYING ORGANIZATION _____

DATE OF APPLICATION _____ **ORGANIZATION PHONE NUMBER** _____

FULL NAME, ADDRESS, ZIP CODE, BIRTH DATE, AND HOME TELEPHONE NUMBER OF PERSON APPLYING _____

CHECK TYPE OF LICENSE BEING REQUESTED

RAFFLE: Amt of tickets to be sold _____ Price per Ticket _____

Prizes to be Awarded _____

WEEK CLUB: # of Weeks _____ Amt of tickets to be sold _____ Price per ticket _____

Prizes & Projected breakdown of expenses _____

TYPE OF ORG. APPLYING: Religious Civic Fraternal Educational Veterans

DOES ORGANIZATION HAVE STATE CHARTER AS A NON-PROFIT ORGANIZATION? _____

ADDRESS WHERE DRAWING WILL BE HELD _____
(Include street number, as well as name & city)

DATE(S) OF FUNCTION: _____ **Date Tickets will go on Sale** _____

TIME OF DAY OF FUNCTION: From _____ **To** _____

LIST DISTRIBUTION OF PROCEEDS FROM EVENT (Please be specific – must be for charity)

LIST OF MEMBERS WHO WILL BE OPERATING, MANAGING, SUPERVISING, AND/OR RUNNING THE GAME OF CHANCE:

NAME ADDRESS DATE OF BIRTH

THE ORGANIZATION I AM REPRESENTING AND I, HEREAFTER REFERRED TO AS THE APPLYING ORGANIZATION, AGREE TO ABIDE BY THE REGULATIONS SET FORTH BELOW AND REALIZE THAT ANY DEVIATION FROM THESE REGULATIONS COULD RESULT IN VIOLATION OF THE LAW AND PROSECUTION BY THE STATE OF RHODE ISLAND.

- 1. All games of chance will be managed, supervised, operated and controlled by permanent members of the applying organization.**
- 2. The services of outside promoters or persons not permanent members of the applying organization will not be employed or used in any way in the managing, operating, supervising or controlling of games of chance.**
- 3. The applying organization will not allow outside promoters or persons not permanent members of the applying organization to become members of the applying organization for the purpose of managing, supervising, operating or controlling games of chance.**
- 4. The applying organization will not seek the advice of outside promoters in the managing, supervising, operating or controlling of games of chance.**
- 5. The applying organization will not knowingly allow outside promoters on the premises while the organization is preparing for, conducting or concluding this function involving games of chance.**
- 6. The aforementioned persons who are bona fide members of the applying organization and who will be controlling, operating, supervising and managing said games of chance have been individually and personally informed about all rules and regulations governing said games of chance and have agreed to comply strictly with said rules.**
- 7. It is clearly understood that within sixty (60) days after completion of this function a complete financial report, including itemization of gross receipts, total expenses, net profit, copies of canceled checks showing to which charity or charities the proceeds were sent, and mail same to the Rhode Island State Police, Charitable Gaming Unit, 311 Danielson Pike, North Scituate, RI 02857.**
- 8. Application must be submitted to the local police department at least sixty (60) days prior to the date of the function.**

FULL SIGNATURE OF APPLICANT

I DO DO NOT

RECOMMEND THE ABOVE NAMED AS A SUITABLE PERSON TO RECEIVE THIS LICENSE.

Chief of Police

City/Town