

MAJOR LEAGUE SPORTS RAFFLE ELIGIBLE ORGANIZATION ANNUAL REGISTRATION FORM

FOR CALENDAR YEAR 20__



MAIL TO:
Bureau of Gambling Control
P.O. Box 168024
Sacramento, CA 95816-8024
Phone: (916) 830-1700

For Official Use Only	
CT Status	_____
FTB Status	_____
SOS Status	_____

Pursuant to California Penal Code section 320.6, this form shall be used by eligible organizations to apply for a registration issued by the Department of Justice. Please type or print (in ink) all information requested on this form. **A nonrefundable, \$5,000 Annual Registration Fee must accompany this form. Make check or money order payable to the California Department of Justice.**

SECTION 1: ORGANIZATION INFORMATION			
Provide at least one of the following numbers: Federal Tax ID: _____ Corporate: _____ Organization: _____ Charitable Trusts: _____	Name of Organization		
	Address <i>no. and street name</i>		
	Is the organization qualified to conduct business in the State of California at least one year prior to first raffle? <input type="checkbox"/> YES <input type="checkbox"/> NO	City	State
Team or Association Affiliation	Phone Number	E-Mail Address (<i>if applicable</i>)	

SECTION 2: TAX EXEMPT STATUS	
Specify the organization's tax exempt status pursuant to California Revenue and Taxation Code section: <input type="checkbox"/> 23701a <input type="checkbox"/> 23701b <input type="checkbox"/> 23701d <input type="checkbox"/> 23701e <input type="checkbox"/> 23701f <input type="checkbox"/> 23701g <input type="checkbox"/> 23701k <input type="checkbox"/> 23701/ <input type="checkbox"/> 23701t <input type="checkbox"/> 23701w	
Has the organization applied for or been granted IRS tax exempt status? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date of application for IRS tax exemption	_____ OR Date of exemption letter _____

SECTION 3: FIDUCIARY INFORMATION		
<i>(Person with legal authority to make financial decisions on behalf of the eligible organization and ensure compliance with the Major League Sports Raffle Program.)</i>		
First Name	Last Name	Middle Initial
_____	_____	_____
Title	Date	
_____	_____	

SECTION 4: CERTIFICATION
I declare under penalty of perjury under the laws of the State of California that the foregoing information, and all information submitted with this application is true, correct, and complete. I declare that our organization has been qualified to conduct business in the State of California for at least one year prior to the first raffle to be held this calendar year. Additionally, our organization and its representatives agree to comply with all applicable laws and administrative regulations regarding the conduct of major league sports raffle(s) in the State of California.

First Name	Last Name	Middle Initial
_____	_____	_____
Fiduciary's Printed Name		

Fiduciary's Signature: _____	Date: _____	

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Privacy Notice on Data Collection Forms

As Required by Civil Code § 1798.17

Collection and Use of Personal Information

The Division of Law Enforcement, Bureau of Gambling Control in the Department of Justice collects the information requested on this form as authorized by California Penal Code section 320.6. The Bureau uses this information to establish grounds for the license, permit or other approval indicated on this application form. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The Department of Justice's general privacy policy is available at

<http://oag.ca.gov/privacy-policy>.

Providing Personal Information

All the personal information requested in this form must be provided.

Access to Your Information

You may review the records maintained by the Division of Law Enforcement, Bureau of Gambling Control in the Department of Justice that contain your personal information as permitted by the Information Practices Act. (See below for contact information.)

Possible Disclosure of Personal Information

In order to process your application, we may need to share the information you give us with law enforcement or regulatory agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law.

Contact Information

For questions about this notice or access to your records, you may contact the Special Agent Supervisor of Special Programs at the Department of Justice, Bureau of Gambling Control, at P. O. Box 168024, Sacramento, CA 95816-8024, (916) 830-1700 or e-mail at GamblingControl@doj.ca.gov