Special Event Casino Gaming License Application

Section 1: Applicant

To be completed by person in charge of the event.

1. Type of applicant   ☐ Individual (7)   ☐ Corporation (9a, 9b, 9c)   ☐ Club (10a, 10b)
                            ☐ Partnership (8)   ☐ Other organization (9a, 9b, 9c)

2. Legal name of applicant
(Individual, organization or club) _____

Address _____
                         Street   *City*   *County*   *State*   *Zip*

Phone (_____) _____   Alternate phone (_____) _____

Fax   (_____) _____   E-mail _____

3. Name of individual(s)   Date of
in charge of event _____   birth_____
                         First   *Middle*   *Last*

Address _____
                         Street   *City*   *County*   *State*   *Zip*

4. **Have you ever used or been known by a name or names other than the name given above?**   ☐ Yes   ☐ No
 If yes, list such name(s) and information concerning dates and places used.

_____

_____

5. **Have you ever been convicted of any felony, crime or violation of any ordinance other
than a minor traffic offense?** *If yes, provide the time, place, offense and penalty imposed.*   ☐ Yes   ☐ No

_____

_____

6. **Has the applicant or the person in charge of the event applied for a Special Event Casino Gaming license with the City of
Bloomington in the last twelve (12) months?** *If yes, list event and date below.*   ☐ Yes   ☐ No

_____

_____

Section 2: Event details

7. Establishment where
event will be held _____

Address _____
                         Street   *City*   *County*   *State*   *Zip*

Phone (_____) _____   Alternate phone (_____) _____

8. Date(s) of event _____

Time of event _____ /_____ Number of people
        Start   *Finish*   participating/attending _____

9. **Describe the event.** Include all important facts. List type of casino gaming equipment and the number of pieces of equipment that will be used for the event. Identify specific area(s) in the establishment where the event will take place.
Attach a site plan showing layout, games, equipment, etc. **Note:** *Additional permits may be necessary.*

_____

_____

_____

_____

_____

10. **Have you hired a casino gaming event company to coordinate this event?** ☐ Yes ☐ No

Name _____

Address _____
                Street   *City*   *County*   *State*   *Zip*

Contact person _____ Phone (_____) _____

11. **Who is responsible for the cost of the event?** *(No tickets or fees may be charged for the event.)*

_____

_____

8. **Will prizes be received by persons attending the event?** ☐ Yes ☐ No
If yes, list prize donors:

_____

_____

_____

_____

Notice and signature

I declare that the information I have provided on this application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Bloomington to investigate and make whatever inquiries that are necessary to verify the information provided.

_____ _____ _____
Applicant's printed name   *Applicant's signature*   *Date*

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