



## NAUTICA CHARITY POKER FESTIVALS

### 2008 APPLICATION

This Application should be used by all Organizations seeking to participate in the Nautica Charity Poker Festivals. Completed Application, all attachments and requested supporting documents should be delivered to Nautica Charity Poker Festivals, c/o Jacobs Investments Management Co., Inc., Attention: Sue Eyerman, 1231 Main Avenue, Cleveland, OH 44113. Only Applications with required documents will be considered. Please type or print legibly. If space provided is inadequate, use separate sheet for answers and attached to the Application.

A Festival shall be conducted as outlined in the 2008 Festival Manual.

Applications will be processed, given priority and placed on the waiting list, if any, in order in which they are received, with initial preference given to 2007 participating charities.

#### PART A – IDENTIFICATION OF APPLICANT

1. Applicant: \_\_\_\_\_  
Provide the complete legal name of the organization filing this Application.
  
2. Applicant's I.R.S. Employer Identification Number (EIN): \_\_\_\_\_
  
3. Previous Name of Applicant (if a name change has occurred): \_\_\_\_\_
  
4. Advertising Names – List any name used by Applicant to advertise any previous fundraising efforts or other purposes:  
 \_\_\_\_\_  
 \_\_\_\_\_
  
5. Address of Principal Place of Business (Do not use a Post Office Box):  
 \_\_\_\_\_  
Address City, State, Zip Code County
  
6. Telephone Number of Organization: \_\_\_\_\_
  
7. Mailing Address (This is the address to which all correspondence to Applicant will be directed):  
 \_\_\_\_\_  
Address City, State, Zip Code County
  
8. Telephone Number of Organization: \_\_\_\_\_
  
9. Contact Person (Individual with whom we will communicate)
  - a. Name: \_\_\_\_\_
  - b. Contact Person's Phone Number: \_\_\_\_\_

c. Contact Person's e-mail address: \_\_\_\_\_

10. Has Applicant previously applied for a Nautica Charity Poker Festival Lease?  yes  no

11. Has Applicant held a Festival weekend at the Nautica Charity Poker Festivals in the past 12 months?  yes  no

12. Has Applicant held games of chance as a fundraiser anywhere else in the past 12 months?  yes  no

If, yes: Where: \_\_\_\_\_ When: \_\_\_\_\_

**PART B – FESTIVAL INFORMATION**

**\*Due to the early tremendous response from local charities, we believe the 2008 Festival calendar will be filled.**

1.  Mark the box if Festival Applicant wishes to conduct a 4-day Festival Weekend (Thursday through Sunday) during the period of \***January 9, 2009 through March 26, 2009** and indicate weekend preferences:

2. 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ .

3. Mark the box choosing if:

Applicant intends to conduct its own concessions.

Applicant intends to retain someone else to conduct concessions.

4. The organization has \_\_\_\_\_ members.

5. We expect \_\_\_\_\_ volunteers to be available for the Festival.

**PART C – APPLICANT'S ORGANIZATIONAL INFORMATION**

1. Is Applicant's I.R.S. tax-exempt status 501(c) (3)?  Yes  No

**Please attach a copy of applicant's 501(c)3 IRS document.**

2. Applicant asserts that it is a charitable organization as indicated by the box checked below. (Refer to Sections 2915.01 of the Ohio Revised Code for definitions of the types of charitable organizations eligible to conduct gaming activity in the State of Ohio.) **Check only one box.**

Educational

Volunteer Firefighter

Historic Railroad Education

Religious

Volunteer Rescue Service

Non-Profit Service

Non-Profit Medical

Senior Citizen

Youth Athletic Park

Youth Athletic

Amateur Athletic

3. Provide a description of Applicant's history, record and association that establishes that it is a charitable organization as defined in Section 2915.01 and outlined above. **This must be an accurate statement of Applicant's purpose or mission and how that purpose or mission has been accomplished. Please attach a copy of applicant's Articles of Incorporation; and other information of the applicant's history and purpose.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Applicant has been in continuous existence as a charitable organization in the State of Ohio since:

Date of origin (month/year): \_\_\_\_\_

5. Is Applicant organized as a non-profit:  Corporation or  Other (association, society, order, league, trust, fund, foundation, etc.)? If incorporated, is Applicant in good standing with the Secretary of State?  Yes  No

6. Is Applicant a 501(c)(3) tax-exempt organization that was created by a Veteran's or Fraternal Organization?



