

NAUTICA CHARITY POKER FESTIVALS

January 3, 2012 through December 30, 2012

2012 APPLICATION

This Application is for 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 Eyerma, 1231 Main Avenue, Cleveland, OH 44113. 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 2012 Festival Manual. Manual will be provided at later date after the review process.

IN GENERAL, ONLY THREE-DAY FESTIVALS WILL BE AVAILABLE FOR NEW APPLICANTS.

PLEASE NOTE: All applications will be reviewed and placed on the list for possible placement only if the application packet is complete. **Packet will not be reviewed if missing any of the below-listed items.**

1. **Totally completed** application
2. Copy of the applicant's 501c3 application (must have 501c3 status for at least two years.) **Please be sure this is a copy of the IRS letter showing 501c3 status. State or city tax exemption forms do not qualify to document 501c3 status.**
3. Copy of the applicant's latest financial statement. A tax return or 990 is adequate in place of a financial statement.
4. Copy of applicant's Articles of Incorporation. If not incorporated, copy of constitution or by-laws)
5. Background information (i.e., brochure) to show what service the applicant provides and to whom exactly.
6. A copy of the applicant's mission statement.

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. Contact Person (**This will be the ONE individual with whom we will communicate**)
 - a. Name: _____ b. Contact Person's Phone Number: _____
 - b. Contact Person's e-mail address: _____
 - c. Mailing Address (**This is the address to which all correspondence to Applicant will be directed**) **No P.O. Box**

Address **Do not use P.O. Box** City, State, Zip Code County
9. Has Applicant previously applied for a Nautica Charity Poker Festival Lease? yes no

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

If, yes: Where: _____ When: _____

PART B – FESTIVAL INFORMATION

IN GENERAL, ONLY THREE-DAY FESTIVALS WILL BE AVAILABLE FOR NEW APPLICANTS.

1. Indicate below time period(s) during the year when your group CANNOT participate in a Festival (i.e. certain months or seasons). If application is accepted, NCPF will use best efforts to work around those timeframes. Four-Day Festivals will run Thursdays – Sundays commencing January 5 through December, 2012. Three-Day Festivals will run Mondays, Tuesdays & Wednesdays commencing January 4 through December, 2012.
Festival Hours: Monday through Friday 4:00 p.m. – midnight; Saturday & Sunday 2:00 p.m. – midnight (as applicable).

Our group cannot participate during the following timeframes:

2. The organization has _____ members.

3. We expect _____ volunteers to be available for the Festival. (Please note: A participating charity MUST have **35+ volunteers per day** to deal poker at its Festival.

PART C – APPLICANT’S ORGANIZATIONAL INFORMATION

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

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

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Educational | <input type="checkbox"/> Volunteer Firefighter | <input type="checkbox"/> Historic Railroad Education | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Volunteer Rescue Service | <input type="checkbox"/> Non-Profit Service | <input type="checkbox"/> Non-Profit Medical | <input type="checkbox"/> Senior Citizen |
| <input type="checkbox"/> Youth Athletic Park | <input type="checkbox"/> Youth Athletic | <input type="checkbox"/> 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, latest financial statement, 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?

Yes No. If yes, provide (a) the name and address of the Veteran or Fraternal Organization that created Applicant and (b) a description of the relationship and control held by the creating Veteran or Fraternal Organization:

7. For Applicant's bank account where gaming proceeds will be deposited, provide the following:

<u>Type of Account</u>	<u>Name of Bank</u>	<u>Address of Bank</u>	<u>Contact Person</u>
<u>General Account</u>	_____	_____	_____

PART D – VERIFICATION AND ATTESTATION

ACKNOWLEDGMENT CLAUSE

State of Ohio }
 }SS.
 County of }

Print of Type the Name of Applicant/Charitable Organization

By signing this application, I affirm or swear as follows:

- I am responsible for submitting this Application and all applicable Attachments.
- I am the person who has the overall responsibility for the operation and control of the organization, I am the highest elected official in this organization, and I am otherwise authorized to file this Application.
- I am familiar with and have actual knowledge of the facts underlying this Application, and I know the Applicant has been in continuous existence as a charitable organization as required by the Ohio Revised Code.
- To the best of my knowledge, information and belief, the statements made in this Application and its Attachments are true and accurate. Further, these documents are originals or true and accurate copies of the originals.
- I understand that making a false statement in this Application constitutes grounds for denying this application for a Festival Lease.

_____ Signature	_____ Name	_____ Title
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Subscribed and sworn to before me this ____ day of _____, 20__ by the above-named person who acknowledged voluntary signature of this Application for a 2012 Nautica Charity Poker Festival Lease.

SEAL OR
NOTARY STAMP

Notary Public

Commission Expiration Date: _____

