

Form **826****Gaming Permittee Application****2016**

Gaming Permit # 1363	Organization Name PETERSBURG LITTLE LEAGUE
-------------------------	---

**Facility-Based Games (self directed)** If more than two facilities, attach a separate sheet.

Facility Name	Physical Address	City	State AK	Zip Code
Facility Type (check one) <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Donated	Game Type (check all that apply) <input type="checkbox"/> Bingo <input type="checkbox"/> Raffle <input type="checkbox"/> Pull-tabs <input type="checkbox"/> Animal classic (chicken)* <input type="checkbox"/> Animal classic (rat race)* <input type="checkbox"/> Calcutta pool**			
Facility Name	Physical Address	City	State AK	Zip Code
Facility Type (check one) <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Donated	Game Type (check all that apply) <input type="checkbox"/> Bingo <input type="checkbox"/> Raffle <input type="checkbox"/> Pull-tabs <input type="checkbox"/> Animal classic (chicken)* <input type="checkbox"/> Animal classic (rat race)* <input type="checkbox"/> Calcutta pool**			

**Area-Based Games** If more than two areas, attach a separate sheet. \* restricted game type \*\*see instructions for mandatory attachments

Area	Game type (check all that apply) <input type="checkbox"/> Raffle <input type="checkbox"/> Contest of skill <input type="checkbox"/> Fish derby <input type="checkbox"/> Dog musher' contest <input type="checkbox"/> Special draw raffle ** <input type="checkbox"/> Big Bull Moose Derby <input type="checkbox"/> Classic/Other (specify) _____
Area	Game type (check all that apply) <input type="checkbox"/> Raffle <input type="checkbox"/> Contest of skill <input type="checkbox"/> Fish derby <input type="checkbox"/> Dog musher' contest <input type="checkbox"/> Special draw raffle ** <input type="checkbox"/> Big Bull Moose Derby <input type="checkbox"/> Classic/Other (specify) _____

**Manager of Gaming** Required only for self-directed pull-tabs and bingo.

Manager First Name	MI	Manager Last Name	Social Security Number	Daytime Phone Number
Home Mailing Address			Email	Mobile Phone
City	State	Zip Code	Has the manager of gaming passed the test? <input type="checkbox"/> Yes <input type="checkbox"/> No	Permit # under which test taken

**Vendor Information** Attach 2016 vendor registration form(s) and fee(s) for each vendor listed below.

Bar or Liquor Store Name	Physical Address	City	State AK	Zip Code
Bar or Liquor Store Name	Physical Address	City	State AK	Zip Code
Bar or Liquor Store Name	Physical Address	City	State AK	Zip Code
Bar or Liquor Store Name	Physical Address	City	State AK	Zip Code
Bar or Liquor Store Name	Physical Address	City	State AK	Zip Code

**Operator Information**

Designate operator who will conduct activities on the organization's behalf. Attach signed operating contract(s). If more than one operator, operator location, or game type, attach a separate sheet.

Operator License # OL51	Operator JAMES SWAINSON	Facility Name SWAINSON VENDING	Game Type(s) PULL TABS	
Physical Address 200 CHEIF JOHN LOTT STREET		City PETERSBURG	State AK	Zip Code 99833

**Multiple-Beneficiary Permittee Information (MBP)**

Designate the MBP with which the organization has signed a partnership or joint venture agreement.

MBP Permit #	MBP Name	Facility Name	Game Type(s)	
Physical Address		City	State	Zip Code

**Dedication of Net Proceeds** Describe in detail how the organization will use the net proceeds from gaming activities.

Petersburg Little League uses the pulltab proceeds for upkeep on the fields and facilities, travel for tournaments, training for players and coaches, and uniforms and equipment.

**COPY**Form **826****Gaming Permittee Application****2016****Organization Information**

Federal EIN 52-1278807	If renewing, enter gaming permit # 1363	Phone Number (907) 518-0383	Fax Number (907) 772-4853
Organization Name PETERSBURG LITTLE LEAGUE		Website address N/A	Email address tamaraevens@gcl.net
Mailing Address PO BOX 1877		City PETERSBURG	State AK Zip Code 99833
<b>Entity Type (check one)</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Association		<b>Organization Type (check one)</b> for definitions see AS 05.15.690 and 15 AAC 180.995. <input type="checkbox"/> Charitable <input type="checkbox"/> Civic or service <input type="checkbox"/> Dog mushers' association <input checked="" type="checkbox"/> Educational <input type="checkbox"/> Fishing derby association <input type="checkbox"/> Fraternal <input type="checkbox"/> Labor <input type="checkbox"/> Municipality <input type="checkbox"/> Nonprofit trade association <input type="checkbox"/> Outboard motor association <input type="checkbox"/> Police or fire department <input type="checkbox"/> Political <input type="checkbox"/> Religious <input type="checkbox"/> Veterans <input type="checkbox"/> IRA/Native Village	
*** Does the organization have 25 or more members, as defined in your articles of incorporation or bylaws, who are Alaska residents? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**Members in Charge of Games**

Members in charge must be natural persons and active members of the organization or employees of the municipality and designated by the organization. Members in charge may not be licensed as an operator, be a registered pull-tab vendor or an employee of a vendor for this organization. If more than one alternate, attach a separate sheet.

Primary Member First Name DUANE	M.I.	Primary Member Last Name BELL	Alternate Member First Name MATT	M.I.	Alternate Member Last Name BRYNER
Social Security Number [REDACTED]		Email [REDACTED]	Social Security Number [REDACTED]		Email [REDACTED]
Daytime Phone Number	Cell Number (907) 340-6036	Fax Number	Daytime Phone Number	Cell Number (907) 518-0892	Fax Number
Home Mailing Address 1005 LAKE STREET			Home Mailing Address 619 SANDY BEACH ROAD		
City PETERSBURG	State AK	Zip Code 99833	City PETERSBURG	State AK	Zip Code 99833
Has the primary member passed the test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Permit # under which test was taken: 1363	Has the alternate member passed the test? <input type="checkbox"/> Yes <input type="checkbox"/> No		Permit # under which test was taken: 1363

**Legal Questions**

\*\*\* These questions must be answered. If you answer Yes to either question, see instructions.

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does any member of management, or any person who is responsible for gaming activities, have a prohibited conflict of interest as defined by 15 AAC 160.954?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has any member of management, or any person who is responsible for gaming activities, ever been convicted of a felony, extortion, or a violation of a law or ordinance of this state, or another jurisdiction, that is a crime involving theft or dishonesty, or a violation of gambling laws?
---	--

We declare, under penalty of unsworn falsification, that we have examined this application, including any attachments, and that, to the best of our knowledge and belief, it is true and complete. We understand that any false statement made on the application or any attachments is punishable by law. By our signatures below, we, the primary member, the alternate member, and if applicable, the manager of gaming, agree to allow the Department of Revenue to review any criminal history we may have, in accordance with 15 AAC 160.934.

Primary Member In Charge's Signature <i>Duane Bell</i>	Printed Name DUANE BELL	Date 12/7/15
President or Other Officer's Signature (see instructions) <i>Tamara Evens</i>	Printed Name TAMARA EVENS	Date 12-10-15
Alternate Member In Charge's Signature <i>Matt Bryner</i>	Printed Name MATT BRYNER	Date
Manager of Gaming Signature	Printed Name	Date

DEPARTMENT USE ONLY
Validation #

Pay online with OTIS at [www.tax.alaska.gov](http://www.tax.alaska.gov) or make check payable to State of Alaska.

**Permit Fee**

The permit fee is based on the 2015 estimated gross receipts. Check the appropriate box.

<input type="checkbox"/> New applicant	\$20
<input type="checkbox"/> \$0 - \$20,000	\$20
<input type="checkbox"/> \$20,001 - \$100,000	\$50
<input checked="" type="checkbox"/> \$100,001 or more	\$100

[www.tax.alaska.gov](http://www.tax.alaska.gov) • [dort.tax.gaming@alaska.gov](mailto:dort.tax.gaming@alaska.gov)

Mail to: Alaska Department of Revenue, PO Box 110420, Juneau AK 99811-0420

0405-826 Rev 09/30/15 - page 1

and coaches, and uniforms and equipment.