Alaska Department of Revenue Permittee Signature Page

Thank you for using the DOR Online Permit Application System. In order to complete your permit application, you must send this signed form to the following address:

Attn:

Tax Division, Alaska Department of Revenue PO Box 110420 Juneau, AK 99811-0420

Fax: 907-465-3098

Please Note: The Primary and Alternate Members in Charge must legibly print their names and sign and date the signature page. An Officer who is not a Primary or Alternate Member must legibly print his or her name and sign and date the signature page. If your organization is applying for self-directed bingo and/or pull-tab permit(s), the Manager of Games must also legibly print his or her name and sign and date the signature page.

Your permit application will not be processed until a completed Signature Page has been received by the Department.

Year	2016	
Gaming Permit/License	187	
Permittee Name	Sons Of Norway Lodge # 23	
EIN/ATIN	237143233	
Application Number	17185	
Electronically Paid Amount	\$100.00	
Payment Receipt	15344000016	

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 games, agree to allow the Department of Revenue to review any criminal history we may have, in accordance with 15 AAC 160.934.

, , , , , , , , , , , , , , , , , , , ,	,	, , , , , , , , , , , , , , , , , , , ,
alan W. Win	ALIV. DWYER	12/11/1
President or other officer's signature (see instructions)	Printed Signature	Date
Sally M. Dwyly	Sally N. Dwye	12/11/1
Primary Member In Charge's signature	Printed Signature	Date
Rhoda a Gilbert	Rhoda Gilbert	12/10/15
Alternate Member In Charge's signature	Printed Signature	Date '
Alternate Member in Charge/Manager Signature	Printed Signature	Date

Organization Information

Year Permit requested for

Federal EIN or Alaska Tax Identification

Number

Name of Organization or Municipality

Mailing Address One

City, State Zip + 4

Telephone Number (All numbers include area

code)

Fax Number (All numbers include area code) (907) 772-9224 Organization Website Address (If available)

Type of Organization

Organized As

Specify the organization type

How will activities be conducted?

Does the organization have 25 or more members who are Alaska residents as defined in your articles of incorporation or

bylaws?

Have the organization's articles of

incorporation changed?

Have the organization's bylaws changed? Estimated gross receipts for year prior to

application year:

2016

237143233

Sons Of Norway Lodge # 23

Po Box 629

Petersburg, AK 99833 + 0629

(907) 772-4453

petersburgsons.org

Fraternal

Corporation

Self-Directed by the

Organization,

Licensed Gaming Operator

Yes

No

No

\$100,001 or more

Game Types

Facility or Location-Specific - Unrestricted

Bingo Pull-Tabs

Area Based - Unrestricted

Raffles

Self-Directed Facility or Location-specific

Game Type(s)

Facility or Location Name

Address

City, State, Zip

Ownership

Bingo, Pull-Tabs, Raffles

Sons of Norway Hall

23 S Sing Lee Alley

Petersburg, AK 99833 + 0629

Owned

Area-based Information

Area

Game Type(s)

Petersburg

Raffles

Vendor Information

Operator Information

Operator Name Business Name James M Swainson

Kitos Kave

Operator License Number

Facility or Location-specific Game Types

Area-based Game Types

51

Pull-Tabs

Multiple-beneficiary Permittee (MBP)

Members in Charge / Manager of Games

What position does this person serve?

First name

Middle Initial

Last Name

Address

City, State, Zip

Daytime Telephone

Mobile Number

Email Address

Has this person taken the test?

Permit number under which the test was

taken

What position does this person serve?

First name

Middle Initial

Last Name

Address

City, State, Zip

Daytime Telephone

Mobile Number

Email Address

Has this person taken the test?

Permit number under which the test was

taken

What position does this person serve?

First name

Middle Initial

Last Name

Address

City, State, Zip

Daytime Telephone

Mobile Number

Email Address

Has this person taken the test?

Alternate Member in Charge

June

Vick

Po Box 613

Petersburg, AK 99833 + 0613

(907) 772-4783

Yes

187

Primary Member in Charge

Sally

Ν

Dwyer

Po Box 1788

Petersburg, AK 99833 + 1788

(907) 772-4453

Yes

187

Alternate and Manager

Rhoda

Α

Gilbert

PO Box 1101

Petersburg, AK 99833 + 1101

(907) 772-3001

No

Legal Information

Persons convicted of a felony, extortion, or a violation of a law

None

Persons with a prohibited conflict of interest None

Net Proceeds Dedication, Details

Maintaining National Monument-Sons of Norway Hall & parking lot, Petersburg
Maintaining Bojer Wikan Fishermens Memorial Park & surrounding area Supporting Senior Nutrition & other Programs in Petersburg
Supporting youth events, Swim Club, Close Up, Operation Graduation, Language & Heritage camps, High School College & continuing education scholarships
Supporting fraternal events and charities
supporting the Salvation Army and other community activities & needs

Attachments

Title (Type), Description

1 47 - 12 B

2016 Gaming contract.pdf

()