

For Internal Use Only

QUALIFICATION INFORMATION

Complete this form and submit with the required qualification documents listed on the attached Qualification Requirements sheet. A Bingo, Raffle, or Charity Game Ticket license application and fee may also be submitted with this information. See box #5 below for mailing instructions.

1. ORGANIZATION INFORMATION

Organization Name ROCHESTER SYMPHONY GUILD			
Organization Physical Street Address 841 ENGLEWOOD DR.			
City ROCHESTER HILLS	State MI	Zip Code 48309	County OAKLAND
Organization Mailing Address PO BOX 80111			<input type="checkbox"/> Same as Physical Address
City ROCHESTER	State MI	Zip Code 48308-0111	County OAKLAND
Organization Telephone Number (248) 375-2065			

2. ORGANIZATION PURPOSE

Briefly describe the purpose of your organization.
RSG PROVIDES FINANCIAL ASSISTANCE FOR THE ROCHESTER SYMPHONY ORCHESTRA THROUGH FUNDRAISING

3. LICENSE APPLICATION

Enclosed is a completed application and fee for a Bingo Raffle Charity Game Ticket license
 Make checks payable to STATE OF MICHIGAN.

4. AUTHORIZED CONTACT PERSON

First Name ELAINE		Last Name CHAPMAN		Position/Role with Organization TREASURER	
Mailing Address P.O. BOX 80111				City ROCHESTER	
State MI	Zip Code 48308-0111	Telephone Number (Day) 248 375 2065	Telephone Number (Evening) SAME		
By signing below, I hereby certify that the representations, information, and data presented are true, accurate, and complete to the best of my knowledge. I understand that failure to answer truthfully, completely, and accurately could preclude the organization from receiving an approval to obtain a gaming license.					
Authorized Contact Person Signature <i>Elaine Chapman</i>					Date 7-19-2021
Print Authorized Contact Name and Title ELAINE CHAPMAN, TREASURER					

5. MAILING INSTRUCTIONS

Mail this completed Qualification Information form, the required qualification documentation listed on the Qualification Requirements sheet, and the completed license application and fee (if also applying for a gaming license) to Charitable Gaming Division, PO Box 30023, Lansing, MI 48909. If submitting by overnight carrier (FedEx, UPS, etc.), send to Charitable Gaming Division, 101 East Hillsdale, Lansing, MI 48933.





RAFFLE LICENSE APPLICATION

For Bureau Use Only

PLEASE PRINT OR TYPE IN BLUE OR BLACK INK.

QUALIFICATION INFORMATION	1. Organization Name ROCHESTER SYMPHONY GUILD				2. Organization ID Number or Last License Number Issued 737659	
	3. Organization Street Address 841 ENGLEWOOD DRIVE		City ROCHESTER HILLS	State MI	Zip Code 48309	
	Organization Mailing Address P.O.. BOX 80111		City ROCHESTER	State MI	Zip Code 48308	County 63 Oakland <input checked="" type="checkbox"/>
	4. Has your organization ever received a license such as bingo, raffle or charity game ticket? <input type="checkbox"/> Yes - Complete application and submit with the appropriate fee. <input checked="" type="checkbox"/> No - You must submit the documentation requested on the Qualification Requirements sheet and become qualified before any licenses can be issued. The Qualification Requirements sheet can be obtained from our website at www.michigan.gov/cg or by calling our office at (517) 335-5780.					
5. Is your organization a candidate committee, political committee, political party committee, ballot question committee, independent committee or any other committee as defined by, and organized pursuant to, the Michigan Campaign Finance Act 388 of the Public Acts of 1976, as amended, being sections 169.201 to 169.282 of the Michigan Compiled Laws? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				6. Has your organization received contributions or made expenditures of \$500 or more in the last calendar year for the purpose of influencing or attempting to influence the action of voters for or against the nomination or election of a candidate, or the qualification, passage, or defeat of a ballot question? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

SIGNATURE(S)	7. Provide name, title, home address, and telephone numbers for the PRINCIPAL OFFICER, e.g., president, grand knight, worthy matron, etc., and the vice president or equivalent and one other officer of the organization. SIGNATURE OF PRINCIPAL OFFICER REQUIRED - OR - signatures of the vice president or equivalent and one other officer. NOTE: Executive director signature not acceptable.		
	Name and Title	Street, City, State, ZIP Code	Telephone Numbers
	Principal Officer SUSAN NEILL	452 LAKE FOREST ROAD	Day (248) 413-5877
	Title PRESIDENT	ROCHESTER HILLS, MI 48309	Evening ()
	Signature of Principal Officer <i>Susan Neill</i>		Date 7/20/21
	- OR -		
	Name and Title	Street, City, State, ZIP Code	Telephone Numbers
	Vice President or Equivalent		Day ()
	Title		Evening ()
	Signature of Vice President or Equivalent		Date
Name and Title	Street, City, State, ZIP Code	Telephone Numbers	
Other Officer		Day ()	
Title		Evening ()	
Signature of Other Officer		Date	
By signing above, I CERTIFY that I am at least 18 years of age, the organization applying is a NONPROFIT organization, I have examined this application and there is no misrepresentation or falsification in the information stated or attached, and the facts underlying our original qualification status remain unchanged. I CERTIFY that ALL chairpersons associated with this raffle will read and understand the duties and responsibilities of a Raffle Chairperson as described in the Raffle Guide and Raffle Rules before performing any duties as a chairperson. I FURTHER CERTIFY that I am aware that false or misleading statements will be cause for rejection of this application or revocation of the right to obtain any future licenses and I AM AWARE OF AND AGREE TO the conditions of Act 382 of the Public Acts of 1972, as amended, and the rules and directives of the Michigan Bureau of State Lottery.			

COMPLETE THE ENTIRE APPLICATION AND MAKE A COPY FOR YOUR RECORDS



COMPLETION: Required for licensure.
 PENALTY: No license will be issued.

BSL-CG-1655(R7/18)

8. Contact Person ELAINE CHAPMAN				9. Raffle Location (building name, if any) PALAZZO GRANDE	
Mailing Address Where License Should Be Sent P.O. BOX 80111				Street Address 54660 VAN DYKE AVE.	
City ROCHESTER		State MI	ZIP Code 48308	City SHELBY TWP, MI	
Telephone Number (Day) (248) 375-2065		Email Address elainechapman49@gmail.com		ZIP Code 48316	County 50 Macomb <input checked="" type="checkbox"/>

10. List name, home address, and telephone numbers of the raffle chairperson(s). Must be a member for 6 months. If your organization does not have general membership, chairperson must be a board member for 6 months. Playing card progressive raffles require at least 2 chairpersons. Attach additional list if necessary.

Raffle Chairperson	Street, City, State, ZIP Code	Telephone Numbers
Name NANCY TROYER	232 STONETREE CIRCLE	Day (248) 933-8845
	ROCHESTER HILLS, MI 48309	Evening ()
Name		Day ()
		Evening ()

RAFFLE INFORMATION

11. Dates when total value of all prizes awarded in one day is \$500 or LESS.		12. License Fee All drawing dates included on this application must be at the same location. Small Raffle Drawings - \$15 for 1, 2, or 3 dates plus \$5 for each additional drawing date. Large Raffle Drawings - \$50 for each drawing date. a. 1, 2, or 3 small drawing dates \$15 = _____ b. Additional small drawing dates _____ x \$5 = _____ c. Large drawing dates <u>1</u> x \$50 = <u>50</u> FEE (total lines a, b and c) \$ 50
Drawing Date(s) and Time(s) (Must be between the hours of 8 a.m.-2 a.m.) <input checked="" type="checkbox"/>		
Date _____ Time a.m. _____ to _____ a.m. Date _____ Time a.m. _____ to _____ a.m. Date _____ Time a.m. _____ to _____ a.m. <input type="checkbox"/> Check here if there are additional drawing dates and attach list.		
Dates when total value of all prizes awarded in one day is MORE than \$500. Drawing Date(s) and Time(s) (Must be between the hours of 8 a.m.-2 a.m.) <input checked="" type="checkbox"/>		
Date <u>09/15/21</u> Time a.m. <u>10:00</u> to <u>04:00</u> p.m. Date _____ Time a.m. _____ to _____ a.m. <input type="checkbox"/> Check here if there are additional drawing dates and attach list.		

TICKET INFORMATION

13. If you are conducting an in-house raffle ONLY where there is no presale of the raffle tickets before the event, there is no need to complete the raffle ticket below.

14. • If you are preselling tickets before the event, complete the boxes below in ink; ensure the ticket is printed with all of the required items according to Raffle Rule 506.
• Indicate any additional information that will appear on the actual tickets.

RAFFLE	<u>001</u> Ticket #	<u>001</u> Ticket.#
Name of Licensee		Purchaser's Name
Drawing Date(s)	a.m. Drawing Time(s)	Purchaser's Address
First Prize *		Purchaser's Phone #
Raffle Location		
Ticket Price		
(to be added when issued) License Number		

* For large prizes, you may want to include a disclaimer that states "If xxx (Indicate number) tickets are not sold, the drawing will revert to a 50/50 raffle with the minimum prize of \$xxx (Indicate dollar amount) awarded."

Make checks payable to: STATE OF MICHIGAN
 Submit completed application, supporting documents, and license fee to:
 Charitable Gaming Division, Box 30023, Lansing, MI 48909
OVERNIGHT DELIVERY: 101 E. Hillsdale, Lansing, MI 48933

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First Name <i>ELAINE</i>		Last Name <i>CHAPMAN</i>		Position/Role with Organization <i>TREASURER</i>	
Mailing Address <i>P.O. BOX 80111</i>				City <i>ROCHESTER</i>	
State <i>MI</i>	Zip Code <i>48308-0111</i>	Telephone Number (Day) <i>248 375 2065</i>	Telephone Number (Evening) <i>SAME</i>		
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Authorized Contact Person Signature <i>Elaine Chapman</i>					Date <i>7-19-2021</i>
Print Authorized Contact Name and Title <i>ELAINE CHAPMAN, TREASURER</i>					

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