HICHIGAN	Charitable Gaming Division
	101 E. Hillsdale, Box 30023
	Lansing, Michigan 48909
	(517) 335-5780
	www.mlchigan.gov/cg

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 SYM	IPHONY GUIL	D	· .	
Organization Physical Street Address				
841 ENGLE WOO	DR,			
		Zip Code	í	County
ROCHESTER HILL	2S MI	4830	9	OAKLAND
Organization Mailing Address			Sŧ	ame as Physical Address
PO BOX 80111 City ROCHESTER				
City	State	Zlp Code		County
ROCHESTER	MI	48 308	-DILI	OAKLAND
Organization Telephone Number				
(248) 3752065	<u> </u>			
2. ORGANIZATION PURPOSE				•
Driefly describe the number of vour ora	anization.			
Del Parisines	FIMANCIAL	ASSISTANCE	FOR TI	HE
ROCHESTER SYM	PHONY ORCHES	STRA THROUG	H FUN	DRAISING
	,			
			<u></u>	
3. LICENSE APPLICATION				
Enclosed is a completed application an	d fee for a 🔲 Bingo 🔀 Ra	ffle Charity Game Tick	et Ilcense	
Make checks payable to STATE OF MIC				,
4. AUTHORIZED CONTACT PERS	ON			•
First Name	Last Name		Position/Role	with Organization
ELAINE	CHAPMAN	J	TRE	ASURER
Mailing Address	~.		City	•
## 10 Bo ★ 80111 State			ROCHE	STER
State Zip	Code	Telephone Number (Day)	Telephone Nu	ımber (Evening)
MI	18308-0111	248 375 2065	SAME	-
By signing below, I hereby certify that ti	ne representations, information	, and data presented are true	e, accurate, an	d complete to the best of
my knowledge. I understand that failure	e to answer truthfully, complete	ly, and accurately could pred	clude the organ	nization from receiving an
approval to obtain a gaming Ilcense.				
Authorized Contact Person Signature				Date
Calaine Chapman				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 U	lse Only	

PLEASE PRINT OR TYPE IN BLUE OR BLACK INK.

*					2. Organization ID Number or Last
	1. Organization Name	License Number Issued			
Ŋ	ROCHESTER SYMPHONY GUILD		Ta	171. O. J.	737659
A L	3. Organization Street Address	City	State	Zip Code	737039
i F	841 ENGLEWOOD DRIVE	ROCHESTER HILLS	MI	48309	
1	Organization Mailing Address	City	State	Zip Code	County
C A	P.O., BOX 80111	ROCHESTER	MI	48308	63 Oakland
T	Has your organization ever received a license such as bi	ngo, raffle or charity game ticket?	<u> </u>		
O N	8				
l "	Yes - Complete application and submit with the app	nopliale leo.		anno gualified bofo	ro any licenses can be issued. The
- Z F	No - You must submit the documentation requested Qualification Requirements sheet can be obta	ined from our website at www.filic	mgan.goweg v	of by calling our office	, at (011) 000 010
0 R M A T	 Is your organization a candidate committee, political comballot question committee, independent committee or an by, and organized pursuant to, the Michigan Campaign F Public Acts of 1976, as amended, being sections 169.20 Compiled Laws? 	y other committee as delined Finance Act 388 of the	of \$500 or attemporation	or more in the last cal	d contributions or made expenditures endar year for the purpose of influencing action of voters for or against the ndidate, or the qualification, passage,
0 10	Yes No				Yes 🗹 No
					de la companya de la
	7. Provide name, tille, home address, and telephone numbor equivalent and one other officer of the organization.	ers for the PRINCIPAL OFFICER	, e.g., preside: ICER REQUII	nt, grand knight, wortl RED - OR - signature	ny matron, etc., and the vice president sof the vice president or
	or equivalent and one other officer of the organization. equivalent and one other officer. NOTE: Executive dir	ector signature not acceptable.			
l	Name and Title	Telephone Numbers			
	Principal Officer SUSAN NEILL	452 LAKE FOREST R	Day (248) 413-5877		
	Title PRESIDENT	ROCHESTER HILLS,	Evening ()		
	Signature of Principal Officer Heill	Date 7/20/2/:			
		- OR -			
	Name and Title	Street, City,	State, ZIP Co	de	Telephone Numbers
S	Vice President or Equivalent				Day
G					Evening
A	Tille				()
U R	Signature of Vice President or Equivalent				Date
E (S	1				
,,,	Name and Title	de	Telephone Numbers		
	Other Officer				Day
		()			
	Title	Evening			
					10.1
Control of Control	Signature of Olher Officer				Date ·
	By signing above, I CERTIFY that I am at least 18 years of misrepresentation or faisification in the information stated chairpersons associated with this raffle will read and under before performing any duties as a chairperson. I FURTHI revocation of the right to obtain any future licenses and I A and directives of the Michigan Bureau of State Lottery.	cribed in the Raffle Guide and Raffle Rules the cause for rejection of this application or			

COMPLETE THE ENTIRE APPLICATION AND MAKE A COPY FOR YOUR RECORDS



	8. C	rontact Person				9. Raffle Location (build			
	E	ELAINE CHAPMAN				PALAZZO GRA	ANDE		
		Tailing Address Where License Should E P.O. BOX 80111	Be Sent			Street Address 54660 VAN DYKE AVE.			
	С	ROCHESTER		State MI	ZIP Code 48308	cíty SHELBY TWP	, MI		
	7	Telephone Number (Day)	Email Add			ZIP Code 48316	County	50 Macomb	
		(248) 375-2065 List name, home address, and telepho	elain	echapi	man49@gmail.(1	nonths. If your		
	10.	List name, home address, and telepho membership, chairperson must be a Attach additional list if necessary.	ne number a board m	rs of the f ember fo	r 6 months. Playing c	ard progressive raffles req	uire at least 2 ch	nairpersons.	
R		Raffle Chairperson			Street, City, State, ZIP Code		Telephone Nu	mbers	
A	Nan	ne		232 S	TONETREE CIF	RCLE		(248) 933-8845	5
FLE	NA	NCY TROYER		ROCH	HESTER HILLS,	MI 48309		Evening ()	
I N	Nar	me						Day ()	
F O R								Evening ()	
M A	11.	Dates when total value of all prizes aw	arded in o	ne day is	\$500 or LESS.				
T		Drawing Date(s) and Time(s) (Must be	e between	the hours	s of 8 a.m2 a <u>.m.)</u>	12. License Fee			
N N	s	Date Time a.m.		to	a.n <u>▼</u>	All drawing dates in	lcuded on this a	oplication must be at the sa	ime location.
	M A	Date Time a.m.		to	a.m.	Small Raffle Drawings - \$15 for 1, 2, or 3 dates plus \$5 for each addition			h additional
	L				toa.m.				
	Check here if there are additional drawing			Large Rattle Drawings - \$50 for each					
	Dates when total value of all prizes awarded in one day is MORE than \$500.				a. 1, 2, or 3 small drawing dates \$15 =				
	Drawing Date(s) and Time(s) (Must be between the hours of 8 a.m2 a.m.)				b. Additional small	drawing dates _	x \$5=		
				o. Large drawing dates			1 x \$50 = 3U		
	R Date Time a.m.			toa,m. FEE (total lines a, b and c)			\$ 50		
	E	Check here if there are additional				ì			
	13.	I . If you are conducting an in-house raffi	le ONLY w	here ther	e is no presale of the r	affle tickets before the eve	nt, there is no ne	eed to complete the raffle ti	cket
	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 ap	pear on t	he actual tickets.				
				<u></u>	RAFFLE		001 Ticket#		001 Tcket.#
TIC					4.,			,	·
K				Nan	ne of Licensee			,	
7 - 2		Drawing Date(s)				Drawing Time(s)	a.m.	Purchaser's Name	
FO		Diaming Dato(e)	-					Purchaser's Addre	ess
R M A		First Prize *							
Ť	ĺ	THEFT						Purchaser's Phon	e#
O N						Ticket Price			
		Raffle Lo	ocation			<u>(to be added wh</u> License Number			
				fa lumbord	a a disclaimer that	states "If vvv /Indicate r	number) tickets	are not sold, the	
* 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."									

	Charitable Gaming Division 101 E. Hillsdale, Box 30023 Lansing, Michigan 48909
	(517) 335-5780
INTTEDY	www.michigan.gov/cg

QUALIFICATION INFORMATION

For Internal Use	e Only

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	GUIL							
Organization Physical Street Address								
841 ENGLE WOOD DR.	<i>'</i>			A				
City	State	Zip Code		County				
ROCHESTER HILLS	MI	1 48		OAKLAND				
Organization Mailing Address			□s	ame as Physical Address				
PO BOX 80111 City ROCHESTER								
City	State	Zip Code	0 5.41	County				
ROCHESTER	MI	483	08-0111	OAKLAND				
Organization Telephone Number				Ì				
(248) 375-2065								
2. ORGANIZATION PURPOSE				,				
				-,,,,,,				
RIGHT ROUTES TER SYMPHONY	NCIAL	ASSISTANCE	E FOR 1	17 6				
ROCHESTER SYMPHONY	ORCHES	TRA THRO	UGH FUN	DRAISING				
,								
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	Last Name		I .	with Organization				
	CHAPMAN		TRE	BSURER				
Mailing Address			City					
P.O. BOX 80111			ROCHE	STER				
State Zip Code		Telephone Number (D	ay) Telephone N	umber (Evening)				
MI 48308-0		248 375 20						
By signing below, I hereby certify that the representation	ons, information	, and data presented a	re true, accurate, a	nd complete to the best of				
my knowledge. I understand that failure to answer trut	thfully, complete	ly, and accurately could	d preclude the orga	inization from receiving an				
approval to obtain a gaming license.				Date				
Authorized Contact Person Signature				1-19.2021				
Claime Chapman				1 / //.200/				
Print Authorized Contact Name and Title								
ELAINE CHAPMAN, TREASU								

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.



-	8. C	Contact Person			9. Raffle Location (building name,			
		ELAINE CHAPMAN, TREASURE			GREAT OAKS COUN	TRY CLUB		
		Mailing Address Where License Should Be Sen	t		Street Address 777 GREAT OAKS BLVD.			
		P.O. BOX 80111	State	ZIP Code	City			
		ROCHESTER	MI	48308	ROCHESTER HILLS,	MI		
			Address	1 :	ZIP Code County			
	l	(248) 375-2065 ela	ainechapr	man49@gmail.ı	48306	63 Oakland		
	10.	List name, home address, and telephone nun membership, chalrperson must be a board Atlach additional list if necessary.	nbers of the n I member fo	affle chairperson(s). N r 6 months. Playing c	lust be a member for 6 months. If ard progressive raffles require at lea	your organization does not have general st 2 chairpersons.		
		Raffle Chairperson		Street, C	ity, State, ZIP Code	Telephone Numbers		
R A F	Nar	The same of the sa	5888 1	LITTLE PINE LA	ANE	Day (248) 652-9074		
F L E	A۱	NNA MARIE KLECKNER	ROCH	HESTER, MI 48	306	Evening ()		
Z -1	Nar	те				Day ()		
F O R						Evening ()		
M	11.	Dates when total value of all prizes awarded	n one day is	\$500 or LESS.				
Ĭ		Drawing Date(s) and Time(s) (Must be between	en the hours	s of 8 a.m2 a.m.)	12. License Fee	•		
0 N	s	Date Time a.n	to	a.m.	All drawing dates inlouded on	this application must be at the same location.		
	M A	Date Time a.m.	to	a.m.		or 1, 2, or 3 dates plus \$5 for each additional		
	L L	Date Time a.m.	to	a.m.	drawing date.			
		Check here if there are additional drawing			Large Raffle Drawings - \$50 for each drawing date.			
	D-	tes when total value of all prizes awarded in or			a. 1, 2, or 3 small drawing dates \$15 =			
	Dat	Device Data(a) and Tima(a) (Must be between	en the hours	s of 8 a.m2 a.m.)	b. Additional small drawing datesx \$5 =			
	L	Date 11/13/21 Time p.n ▼ 04:	00 _{to} 11	:45 p.n ▼	c. Large drawing dates 1 x \$50 = 50			
	A R	Date Time a.m.	to	to a.m.				
	G E				FEE (total lines a, b and c) \$50			
L		Check here if there are additional drawin						
	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							
	14.	below.If you are preselling tickets before the eve	nt, complete	the boxes below in ink	; ensure the ticket is printed with all c	of the required items according to Raffle		
		Rule 506.						
		Indicate any additional information that will	appear on the		001	001		
				RAFFLE	Ticket #	Ticket #		
T								
С К			Nam	ne of Licensee				
E T						Purchaser's Name		
I N		Drawing Date(s)			a.m. Drawing Time(s)			
F O						Purchaser's Address		
R M								
A T		First Prize *				Purchaser's Phone #		
0						, areitaget a riteria "		
N					Ticket Price			
		Raffle Location			(to be added when issued) License Number			
		*	nt to include	a disclaimer that s	tates "If xxx (indicate number) ti	ckets are not sold, the		
		" For large prizes, you may wa drawing will revert to a 50/50	raffle with ti	e a viscialifier that s he minimum prize o	f \$xxx (indicate dollar amount) a	warded."		

	8. 0	Contact Person			9. Raffle Location (building name, if any	• •	
		ELAINE CHAPMAN, TREASUF			GREAT OAKS COUNTR	Y CLUB	
		Mailing Address Where License Should Be Se	ent		Street Address		
		P.O. BOX 80111			777 GREAT OAKS BLVD	'.	
		City	State	ZIP Code	City ROCHESTER HILLS, MI		
		ROCHESTER	MI Il Address	48308	ZIP Code County		
				man49@gmail.ı	1 (0000	63 Oakland	
		List name, home address, and telephone no	imhers of the r	affle chairperson(s). N	Just be a member for 6 months. If you	organization does not have general	
		membership, chairperson must be a boa	rd member fo	r 6 months. Playing o	eard progressive raffles require at least 2 o	hairpersons.	
	<u> </u>	Attach additional list if necessary.	<u> </u>		N. O. L. ZID O. J.	Telephone Numbers	
R		Raffle Chairperson		Street, C	City, State, ZIP Code	Day	
A F	Nai	me	5888 1	LITTLE PINE LA	ANE	(248) 652-9074	
F L	ſΑ	NNA MARIE KLECKNER				Evening	
E			ROCH	HESTER, MI 48	306	()	
I N	Na	me				Day (
F						Evening	
R M						()	
A T	11.	Dates when total value of all prizes awarded	in one day is	\$500 or LESS.			
1		Drawing Date(s) and Time(s) (Must be bety			12. License Fee	·	
O N	s	Datenme a.n▼	to	a.m.	All drawing dates inlouded on this a	pplication must be at the same location.	
	M A	Date Time a.m.	to	a.m.	Small Raffle Drawings - \$15 for 1, 2, or 3 dates plus \$5 for each add		
	7.7	Date Time a.m.	to	a.m.			
					ch drawing date.		
		Check here if there are additional drawi			a. 1, 2, or 3 small drawing dates	\$15 =	
	Dai	tes when total value of all prizes awarded in o			b. Additional small drawing dates		
	Drawing Date(s) and Time(s) (Must be between the hours of 8 a.m2 a.m.) L Date 11/13/21 Time p.n 04:00 to 11:45 p.n					1 _x _{\$50 =} 50	
	L A	Date lime p	to	am	c. Large drawing dates	x \$50 =	
	R G	Date Time a.m.	to	a.m.	FEE (total lines a, b and c)	\$ 50	
	ш	Check here if there are additional drawi	ng dates and a	ttach list.	PEE (total lines a, b and c)	\$ 55	
	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. • If you are preselling tickets before the even	ant anomalata t	ha havas balaw in ink	ensure the ticket is printed with all of the	required items according to Raffle	
	14.	Rule 506.	an, complete i	ile poyes pelow ill lilly	official the toker is printed with an or the		
		 Indicate any additional information that w 	ill appear on th	e actual tickets.			
ŧ	ĺ			RAFFLE	001	001	
Т					Ticket #	Ticket#	
C							
K			Name	of Licensee		·	
T					a.m.	Purchaser's Name	
l N		Drawing Date(s)			Drawing Time(s)		
F						Purchaser's Address	
R							
A T		First Prize *				Destar de Disease #	
0						Purchaser's Phone #	
N				1	Ticket Price		
					-		
		Raffle Location			(to be added when issued) License Number		
		* For large prizes, you may wa	nt to include	a disclaimer that st	ates "If xxx (indicate number) tickets \$xxx (indicate dollar amount) awarde	are not sold, the ed."	