

ALCOHOL LAW ENFORCEMENT DIVISION -GAMING LICENSING SECTION
4233 MAIL SERVICE CENTER
RALEIGH, NORTH CAROLINA 27699
919-733-4060

◆GL-3 GAME NIGHT VENDOR DEVICE REGISTRATION◆

CONDITIONS OF PERMIT

Approved devices - The following devices may be provided by any vendor: Roulette, blackjack, poker, craps, simulated horse race, and merchandise wheel of fortune.

No cash prizes - No devices at a game night event may be played for cash or a cash prizes. Prizes shall be awarded only through a raffle. Participants may exchange chips, markers, or tokens from the game night event for raffle tickets.

This application and \$25 per device fee must be submitted 30 days in advance of an event

1. Owner Name: _____ **2. Permit Number:** _____

3. Business Name: _____

4. Vendor Address: Street _____

City: _____ County: _____ State: ____ Zip Code: _____

5. Additional locations where game night devices are housed

6. Mailing Address is if different from above: Street _____

City: _____ County: _____ State: ____ Zip Code: _____

7. Email Address: _____ **8. Telephone:** (____) _____ - _____

9. Select the devices to be registered:

Type	Count	Location
• Roulette (x2, one each for table and wheel)	_____	_____
• Blackjack	_____	_____
• Poker	_____	_____
• Craps	_____	_____
• Simulated horse race	_____	_____
• Merchandise wheel of fortune (x2, one each for table and wheel)	_____	_____
TOTAL	_____	

CERTIFICATE

I certify that all of the information provided in this application is true and accurate to the best of my knowledge and belief, that I have read and understand the foregoing conditions and was provided a copy of the Gaming statutes for the state of North Carolina.

 Print name of individual applying permit
 _____ County, _____

 Signature and title

 Date

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document

 Name(s) of principal(s)
 Date _____
 (Official Seal)

 Official Signature of Notary
 _____, Notary Public
 Notary's printed or typed name
 My commission expires _____

Fee is enclosed: \$25 per device (money orders or certified checks make payable to NC ALE-Game Night)