

Dear Applicant:

Enclosed is an application for obtaining a **Bingo/Electronic Raffle Manufacturer or Distributor** license from the Iowa Department of Inspections & Appeals (DIA). Completed applications including all documents needed to process the application must be received at least 30 days prior to the requested start date.

INCOMPLETE APPLICATIONS MAY BE RETURNED WITHOUT REVIEW. If the application is returned, please allow for 30 days processing time from the date of resubmission.

Once the application with required documentation is received, the DIA will review the paperwork and if approved a license will be mailed out. ***Please note the license is not valid until received and only valid during the time period mentioned on the license.*** You may call 515-281-6848 or send an e-mail to scg@iowa.gov with any questions.

MAILING ADDRESS: Iowa Department of Inspections & Appeals
Social & Charitable Gambling Unit
321 E 12th Street
Des Moines, Iowa 50319-0083

Application Checklist:

- A fully completed Bingo/Electronic Raffle Manufacturer or Distributor application
- Non-refundable \$1,000 license fee (check or money order made payable to Department of Inspections and Appeals (DIA) or cash—in person only.)
- For electronic raffle manufacturers or distributors a copy of the gaming lab certification of the electronic raffle system must be submitted with the initial application.
- For electronic raffle manufacturers or distributors a copy of the base contract which will be used with all Iowa Qualified Organizations.
 - State law prohibits charging a percentage of gambling revenues for any reason including equipment charges, software maintenance, etc.

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
BINGO/ELECTRONIC RAFFLE MANUFACTURER OR DISTRIBUTOR APPLICATION

Please complete the information on behalf of the organization or business for which you wish to apply for a license. All information is required. Any information not completed may result in the return of your application.

Has the applicant listed below ever received a Social or Charitable Gambling License in the past?

- No
 Yes—please provide the previous gambling license number _____
 Not Sure

APPLICANT INFORMATION
The applicant is the corporation, partnership, sole proprietor, or LLC/LLP applying for a license.
Applicant:
Business Name (Doing Business As):
Office Address:
City/State/Zip Code:
Office Phone Number:
Responsible Party:

Does the applicant have any delinquent tax liability with the State of Iowa?

- Yes
 No

LICENSE TYPE (Check only one)	
<input type="checkbox"/> Bingo Manufacturer/Distributor	\$1,000 Fee (ENCLOSED)
<input type="checkbox"/> Electronic Raffle Manufacturer/Distributor	\$1,000 Fee (ENCLOSED)

Beginning Date for License

Please indicate the date that you would like the license to begin at least 30 days in the future; we are unable to issue retroactive licenses.

____/____/____

ACKNOWLEDGEMENT

I understand that I must comply with the requirements pursuant to Iowa Code Chapter 99B, administrative rules of the Iowa Department of Inspections and Appeals, and other applicable state laws. By signing this application, I acknowledge that I have reviewed the information provided and any accompanying documents, and to the best of my knowledge the statements are true, accurate, and complete.

Signature

Title

Date