

# Applying for a Social or Charitable Gambling License



Iowa Department of  
**INSPECTIONS & APPEALS**

IOWA STATE AGENCIES ONLINE SERVICES  
Kim Reynolds, Governor Adam Gregg, Lt. Governor

Welcome To USA Food Safety

**Log In**

User Name \*:

Password \*:

Other Options:

**Forgot your Username?**  
Retrieve it Here!

**Forgot your Password?**  
Retrieve it Here!

Find a WiFi Hotspot

The online licensing system can be found by visiting  
<https://iowa.safefoodinspection.com/Login.aspx>



# Iowa Department of INSPECTIONS

If you already have an account for Social & Charitable Gambling, please enter your user name and password then select “Log In” and **skip to page 7**. Food licenses use a different platform on this same website and thus require a separate login. User names and passwords should not be shared with others from your organization/business.

If you forgot your password or if you believe it has expired, then click “Forgot Password”. Passwords are required to be changed every 120 days, so this function will allow you to access your personal account if you are an infrequent user.

Welcome To USA Food Safety

Log In

User Name \*:

Password \*:

Log In New Account

Other Options:

[Forgot Username](#)

[Forgot Password](#)

[WiFi Hotspot\(s\)](#)

[Forgot your Username?  
Retrieve it Here!](#)

[Forgot your Password?  
Retrieve it Here!](#)

[Find a WiFi Hotspot](#)

If you are a new individual user (even if someone else with your organization already has an account), please select “New Account”. Each individual person needs to have their own account and later in this process will link themselves to all the organizations that they are associated with.

## New User Account

### New User Organization Questionnaire

#### Question

What is the primary purpose for creating an account today? \*

Click this top radio button for all Social or Charitable Gambling License needs and then click "Next".

#### Options

- Apply for a social or charitable gambling license, such as, a raffle, sport betting pool, bingo, or games of skill and chance
- Conduct activities associated with registered amusement devices
- Apply for or renew an Iowa food manufacturing or warehouse license
- Apply for or renew an Iowa food establishment or lodging license (i.e. hotel, vending machine, home food processing establishment, mobile food unit, temporary food establishment)

Next

Start Over

## New User Account

### New User Organization Questionnaire

Make sure that this says "DIAL Social & Charitable Gambling" and then click "Confirm".

Based on your responses the following regulatory jurisdiction has been selected: **DIAL Social & Charitable Gambling**

To proceed, select Confirm. To review the previous question, select Previous. To start over, select Start Over. [Food Regulatory Jurisdiction Map](#)

Previous

Confirm

Start Over

# New User Account

## User Information

User Name \*

Password \*

Verify Password \*

Home Jurisdiction \*

DIAL Social & Charitable Gambling

Create your personal User Name and Password that should not be shared with others from your organization or business.

Enter your personal name, phone number, and email. This email address will be the one used if you forget your password in the future and should not be one accessible by others in your organization/business.

## Account Information

First Name \*

Middle \*  None Available

Last Name \*

Suffix

Account ID  
Not yet assigned

Email \*

Phone/Ext \*

 /   Emergency

Cell Phone

  Emergency

Fax

Save

Back

Once you are finished, select "Save".



# Iowa Department of **INSPECTIONS & APPEALS**

IOWA STATE AGENCIES ONLINE SERVICES  
Kim Reynolds, Governor Adam Gregg, Lt. Governor

## Welcome To USA Food Safety

### Log In

User Name \*:

Password \*:

Now it is time to log in with your newly created credentials.

### Other Options:

**[Forgot your Username?  
Retrieve it Here!](#)**  
**[Forgot your Password?  
Retrieve it Here!](#)**  
**[Find a WiFi Hotspot](#)**

Food Safety 4.15.0.2618

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On-line applications will be given priority over paper applications. The on-line application will allow you to select a start date as few as 7 days from the date of submission. IMPORTANT--PLEASE ONLY SELECT A DATE SOONER THAN 30 DAYS FROM NOW IF YOU NEED THE LICENSE THAT SOON. You may be asked to come into our office to pick the license up in these circumstances. You are still expected to apply at least 30 days in the future as processing may take up to that amount of time. No gambling may occur until you have received your gambling license. [close]

Filter by Business Name

Show All

Add New Business

If you're viewing this page, you've successfully logged into the Social & Charitable Gambling licensing system. Well done!

If you were unable to get this far, please contact us at [scg@iowa.gov](mailto:scg@iowa.gov) or 515-281-6848 for assistance.

This a screen overlay message and you must click "close" prior to being able to move forward.

If your organization has had a license before, your first step is to enter your Business code here, to associate your personal account with the organization's account. This can be found on either:  
(a) your organization's Annual Gambling Report reminder letter mailed out every January or  
(b) on your renewal reminder e-mailed out prior to the expiration of the organization's annual licenses.  
You may want to contact your organization's leadership prior to applying.

## Facility Portal

Add existing business:

Show All

Show Available for Renewal

If you are confident that your organization has not had a gambling license before then please **continue to page 22** where you will see how to create a new business account.

After adding the Business Code, the name of your organization will appear on a blue panel. If you are associated with more than one organization you will need to enter all of the applicable Business Codes. It is important that the business information is reviewed and updated as necessary to reflect the current operation. See below on how to do this.

The screenshot shows the 'Facility Portal' interface. At the top, there is a navigation bar with 'Home', 'Annual Reports', 'Tools', and 'Logout'. On the right, there is a shopping cart icon with a red notification bubble containing the number '0'. Below the navigation bar, the page title 'Facility Portal' is on the left, and a search bar 'Add existing business: Business Code' with an 'Add' button is on the right. A filter section contains a text input 'Filter by Business Name' and a 'Show All' button. Below this is a white bar with 'Add New Business' text. The main content area features a blue panel with the text 'TEST ORGANIZATION - 157594 - (1) - [pencil icon] [paper icon] [right arrow icon]'. Three callout boxes point to the '(1)', the pencil/paper icons, and the right arrow icon.

The number of active licenses will appear in parenthesis on that blue panel.

Click on the pencil and paper icon to view or edit your organization's information.

Click on the > icon to view license details.

# Facility Portal

Add existing business:

TEST ORGANIZATION - 157594 - (1)

Show Inactive

Add To Cart	License Number	Program Type	Name	Expire Date	Status
<input type="checkbox"/>	239306	Qualified Organization License (Two Year)	-	6/30/2024 (60 days)	Active

Click the + icon to see application information.

The status of this license is Active, which means it has been approved. Other statuses you may see are as follows:  
New = ready to pay for in shopping cart  
Submitted = paid for and awaiting DIAL approval  
Inactive = license has expired  
To see all the inactive licenses click "Show Inactive".

# Facility Portal

Add existing business:

Filter by Business Name

Show All

Add New Business

## TEST ORGANIZATION - 157594 - (1) -

Show Inactive

Add To Cart	License Number	Program Type	Name	Expire Date	Status
<input type="checkbox"/>	239306	Qualified Organization License (Two Year)	-	6/30/2024 (60 days)	Active
Business Program Reference Data					
Application Submitted By (First Name, Last Name) *			<input type="text" value="TEST PERSON"/>		
Email Address *			<input type="text" value="SCG@IOWA.GOV"/>		
Phone Number *			<input type="text" value="515-444-4444"/>		
Sales Tax ID (This is NOT your Federal ID #. You are required to have a Sales Tax Permit and provide the # with this application. The format for the number is 1-XX-XXXXXX with the first "XX" being the county number of where your organization is based. The only exceptions are gambling activities conducted by city/county government and county/state fairs. If you have applied for a Sales Tax Permit and have not yet received it you may answer the question as "applied for". The next time you apply the number will be the same.) *			<input type="text" value="X-XX-XXXXXX"/>		
Do you have any delinquent tax liability with the State of Iowa? *			<input type="radio"/> Yes <input checked="" type="radio"/> No		
Begin date for license *			<input type="text" value="7/1/2024"/>		
Are you playing Bingo? If yes, fill out the portion below. *			<input type="radio"/> Yes <input checked="" type="radio"/> No		
Name			<input type="text"/>		
Phone			<input type="text"/>		

After clicking the + sign the application information opens up in view only mode.

## Facility Portal

Add existing business:  

TEST ORGANIZATION - 157594 - (1) -

 Show Inactive

Add To Cart	License Number	Program Type	Name	Expire Date	Status
<input type="checkbox"/>	239306	Qualified Organization License (Two Year)	-	6/30/2024 (60 days)	Active

**RENEWAL LICENSE**—If you are wanting to renew your license click in the “Add to Cart” box and that will open up an application of the same license type for you to complete with less questions to answer.

**[Continue to page 13.](#)**

**NEW LICENSE**—If you are wanting to apply for a different license type then click “Add New Business Program”. Once you click this, the system will ask questions that will filter you toward the right license for your gambling activity.

**[Skip to page 14 for your next steps.](#)**

**Mailing Address**

Number\* 6200 Street\* PARK AVE Unit  
 Zip\* 50321 Plus 4 City\* Des Moines State\* Iowa County\* Polk

**Physical Address**

Number\* 6200 Street\* PARK AVE Unit  
 Zip\* 50321 Plus 4 City\* Des Moines State\* Iowa County\* Polk

**Contacts**

Contact's Name	Address	Relationship	Cell Phone	
PERSON, TEST 2	6200 PARK AVE Des Moines, IA 50321 515-222-2222 SCG@IOWA.GOV	Other	515-222-2222	X
PERSON, TEST 3	6200 PARK AVE Des Moines, IA 50321 515-333-3333 SCG@IOWA.GOV	Other	515-333-3333	X
PERSON, TEST	6200 PARK AVE Des Moines, IA 50321 515-111-1111 SCG@IOWA.GOV	Owner/Responsible Party	515-111-1111	X

[Add New Contact](#)

**Reference data for Qualified Organization License (Two Year)**

Reference Data Text	Options
Application Submitted By (First Name, Last Name) *	<input type="text"/>
E-mail Address *	<input type="text"/>
Phone Number *	<input type="text"/>
Sales Tax ID (This is NOT your Federal ID #. You are required to have a Sales Tax Permit and provide the # with this application. The format for the number is 1-XX-XXXXXX with the first "XX" being the county number of where your organization is based. The only exceptions are gambling activities conducted by city/county government and county/state fairs. If you have applied for a Sales Tax Permit and have not yet received it you may answer the question as "applied for". The next time you apply the number will be required.) *	<input type="text"/>
Does the entity have any delinquent tax liability with the State of Iowa? *	<input type="radio"/> Yes <input type="radio"/> No
Beginning date for license *	<input type="text"/>

**RENEWAL**—After clicking Add to Cart, you are taken to this screen where you will verify your information and edit it as needed. The greyed out fields cannot be edited by the user. Please contact us at [scg@iowa.gov](mailto:scg@iowa.gov) or 515-281-6848 for assistance if those areas are incorrect.

Your mailing address is where we will send future correspondence and your physical address is where your location's storefront is. If your organization does not have a storefront, then the mailing address should be used here also.

All applicants must have 1 responsible party. If you are applying for a charitable gambling license, you must also have 2 additional contacts that are not listed as responsible party.

If you need to add contacts click "Add New Contact" and if you need to delete any then click the red X to the right of their name.

**RENEWAL**—The fields below the line on this page are the questions you are required to answer if they have an asterisk (\*). Once you have completed all of this, then click "Save" at the bottom of the screen.

On a RENEWAL license, the "Beginning date for license" should be the day after the expiration date of the current license. Our processing time is 30 days. The system will not allow you to select a date sooner than 7 days from now. Please see the last page of this guide for more information on this.

## New License Application

### Mailing Address

Number\* 6200 Street\* PARK AVE Unit  
 Zip\* 50321 Plus 4 City\* Des Moines State\* Iowa County\* Polk

### Physical Address

Number\* 6200 Street\* PARK AVE Unit  
 Zip\* 50321 Plus 4 City\* Des Moines State\* Iowa County\* Polk

### Contacts

#### Contacts

Contact's Name	Address	Relationship	Cell Phone	
PERSON, TEST 2	6200 PARK AVE Des Moines, IA 50321 515-222-2222 SCG@IOWA.GOV	Other	515-222-2222	✘
PERSON, TEST 3	6200 PARK AVE Des Moines, IA 50321 515-333-3333 SCG@IOWA.GOV	Other	515-333-3333	✘
PERSON, TEST	6200 PARK AVE Des Moines, IA 50321 515-111-1111 SCG@IOWA.GOV	Owner/Responsible Party	515-111-1111	✘

Add New Contact

### New License Application Questionnaire

#### Question

Does the entity have any delinquent tax liability with the State of Iowa? \*

#### Options

Yes  
 No

Next

**NEW LICENSE**—After clicking add new business program, you are taken to this screen where you will verify your information and edit it as needed. The greyed out fields cannot be edited by the user. Please contact us at [scg@iowa.gov](mailto:scg@iowa.gov) or 515-281-6848 for assistance if those areas are incorrect.

Your mailing address is where we will send future correspondence and your physical address is where your location's storefront is. If your organization does not have a storefront, then the mailing address should be used here also.

All applicants must have 1 responsible party. If you are applying for a charitable gambling license you must also have 2 additional contacts that are not listed as responsible party.

If you need to add contacts click "Add New Contact" and if you need to delete any then click the red X to the right of their name.

The fields below "New License Application Questionnaire" are the questions you are required to answer for the system to help filter you toward the licenses that fit your needs. Answer each of them, clicking "Next" as you go.

### Mailing Address

Number\* 6200 Street\* PARK AVE Unit  
Zip\* 50321 Plus 4 City\* Des Moines State\* Iowa County\* Polk

### Physical Address

Number\* 6200 Street\* PARK AVE Unit  
Zip\* 50321 Plus 4 City\* Des Moines State\* Iowa County\* Polk

### Contacts

#### Contacts

Contact's Name	Address	Relationship	Cell Phone	
PERSON, TEST 2	6200 PARK AVE Des Moines, IA 50321 515-222-2222 SCG@IOWA.GOV	Other	515-222-2222	✘
PERSON, TEST 3	6200 PARK AVE Des Moines, IA 50321 515-333-3333 SCG@IOWA.GOV	Other	515-333-3333	✘
PERSON, TEST	6200 PARK AVE Des Moines, IA 50321 515-111-1111 SCG@IOWA.GOV	Owner/Responsible Party	515-111-1111	✘

Add New Contact

### New License Application Questionnaire

Select License - \*

Question	Options
	<input type="checkbox"/> Qualified Organization License (14-day) <input type="checkbox"/> Qualified Organization License (Two Year) <input type="checkbox"/> Qualified Organization Raffle License (180-day) <input type="checkbox"/> Qualified Organization Raffle License (90-day) <input type="checkbox"/> Qualified Organization Raffle License (One Year)

Previous

Select

NEW LICENSE—Once you have completed the questions, you are offered licenses to pick from. If you hover your mouse over each license type, a pop-up message will appear showing you what types of gambling those licenses allow.

You can choose 1 or more and then click the "Select" button. Then it will ask you if you are sure that you want to apply for that license type. After you click "Yes", you will be taken to your application to complete.

## Mailing Address

Number*	Street*	Unit
6200	PARK AVE	
Zip*	Plus 4	City*
50321		Des Moines
	State*	County*
	Iowa	Polk

## Physical Address

Number*	Street*	Unit
6200	PARK AVE	
Zip*	Plus 4	City*
50321		Des Moines
	State*	County*
	Iowa	Polk

## Contacts

## Contacts

Contact's Name	Address	Relationship	Cell Phone	
PERSON, TEST 2	6200 PARK AVE Des Moines, IA 50321 515-222-2222 SCG@IOWA.GOV	Other	515-222-2222	✘
PERSON, TEST 3	6200 PARK AVE Des Moines, IA 50321 515-333-3333 SCG@IOWA.GOV	Other	515-333-3333	✘
PERSON, TEST	6200 PARK AVE Des Moines, IA 50321 515-111-1111 SCG@IOWA.GOV	Owner/Responsible Party	515-111-1111	✘

Add New Contact

## Reference data for Qualified Organization License (14-day)

Reference Data Text	Options
Application Submitted By (First Name, Last Name) *	<input type="text"/>
E-mail Address *	<input type="text"/>
Phone Number *	<input type="text"/>
Sales Tax ID (This is NOT your Federal ID #. You are required to have a Sales Tax Permit and provide the # with this application. The format for the number is 1-XX-XXXXXX with the first "XX" being the county number of where your organization is based. The only exceptions are gambling activities conducted by city/county government and county/state fairs. If you have applied for a Sales Tax Permit and have not yet received it you may answer the question as "applied for". The next time you apply the number will be required.) *	<input type="text"/>
Does the entity have any delinquent tax liability with the State of Iowa? *	<input type="radio"/> Yes <input type="radio"/> No
Beginning date for license *	<input type="text"/>

NEW LICENSE–The fields under “Reference Data Text” are the questions you are required to answer if they have an asterix (\*). Once you have completed all of this, then click “Save” at the bottom of the screen.

If you click “Back to Questionnaire” you will lose any data you have entered below.

On a NEW LICENSE, “Beginning date for license” should be the day you want the license to start. Our processing time is 30 days. The system will not allow you to select a date sooner than 7 days from now. Please see the last page of this guide for more information on this.

Back To Questionnaire Save Back

The license fee is non-refundable so please make sure you qualify, have answered all questions correctly, and have applied for the correct license type.

- **All Applicants**--Please note if you have delinquent taxes with the State of Iowa your application may not be approved.
- **Charitable Gambling License Applicants**--Please note if your Iowa Sales Tax ID # is not entered or is not formatted correctly your application will not be approved.
- **Charitable Gambling License Applicants**--Proof of non-profit status paperwork is required to be submitted with your application. Acceptable documentation includes **ONE** of the following:
  - 501(c) 3, 4, 5, 6, 7, 8, 10, or 19 Organizations—A copy of the organization's 501(c) determination letter from the IRS is the only acceptable document.
    - If your organization is a local chapter of a national non-profit 501c, the national 501c must be provided with an additional (link) letter from the national organization that holds the 501c stating that the local chapter falls under the group exemption status of the national 501c and is authorized to use that 501c.
  - Governments or Governmental Organizations—Must include a letter from an elected official such as a mayor or county supervisor, or an appointed official such as a city manager or city clerk unless the responsible party and signor of the application is one of the above listed officials. The letter must state:
    1. The applicant is part of the respective government entity.
    2. The proceeds derived from the gambling activity will be received, deposited, and appropriated by the same government entity or that the government entity has oversight of the bank accounts and how all the monies are spent.
    3. The applicant has oversight of the organization's employees/volunteers and the selection/removal of those people.
    4. The applicant will act as the party to be held accountable regarding whether the gambling event is run in compliance with Iowa gambling law and rules.
  - Schools (K-12), Parent-Teacher Organizations, and Booster Clubs, which are not a 501(c) organizations—Must include a notarized letter from the superintendent, principal, or school board director granting permission for licensure under the school's name unless the responsible party and signor of the application is one of the above listed officials. The letter must state:
    1. The organization is a fund-raising entity of the school or school district with the sole purpose of providing for the school or school district.
    2. The school or school district gives permission for the organization to conduct the gambling event.
  - Political Candidates, Parties, or Nonparty Political Organizations—Must supply verification of their status from one of the following: Secretary of State, Iowa Ethics & Campaign Disclosure Board (DR-1), or the County Auditor.

Any questions please contact us at 515-281-6848 or scg@iowa.gov prior to clicking 'OK'.

OK

Cancel

After clicking save on your application, the above pop-up message will appear. Ensure you read all of it, as there is important information that may affect whether or not we will be able to approve your application. This also explains what you need to attach as required proof of non-profit status if you are applying for a charitable gambling license.

Provide a brief description of your attachment.

After completing the other boxes, the final step is to upload the file. If you have multiple files to upload, complete the process until all files are uploaded.

Select the attachment type that best fits from the dropdown. If you are uncertain, select "Other".

Upload Documents Here

Choose Attachment:

No file chosen

Attachment Type:

Attachment Description:

Attachments

File Name	Description	Delete
No matching records found		

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 submitting 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.

Select a file from the computer.

### Upload Documents Here

Choose Attachment:

No file chosen

Attachment Type:

Attachment Description:

#### Attachments

File Name	Description	Delete
501(c).docx	proof of non-profit status	<input type="button" value="X"/>

### 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 submitting this applicaiton, 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.

Next, read the message and click this box.

The final step on this screen is to click "Add to Cart".

# Facility Portal

Add existing business:

TEST ORGANIZATION - 157594 - (1) -

Show Inactive

	Add To Cart	License Number	Program Type	Name	Expire Date	Status
+	<input type="checkbox"/>	239306	Qualified Organization License (Two Year)	-	6/30/2024 (60 days)	Active
+	<input type="checkbox"/>	239307	Qualified Organization License (14-day)	-	5/24/2024 (23 days)	New
+	<input checked="" type="checkbox"/>	239311	Qualified Organization License (Two Year)	-	6/30/2026 (790 days)	New

Notice that there is automatically a checkmark in the "Add To Cart" box.

The Shopping Cart has 1 license application in it ready to be paid for. Click in this area to make the payment.

## Facility Portal

Filter by Business Name

Show All

Add New Business

TEST ORGANIZATION - 157594 - (1) -

### CART

New - 239311 - Renewal: Qualified Organization License (Two Year)   
 Base Cost: \$150.00

Total \$150.00

Checkout

Click "Checkout" and follow the prompts on the separate secure website. Once complete, your application will be in Submitted status after you are returned to our website. Please verify that it is and **then skip to the last page in this guide for what comes next.**

If you are confident that your organization has not had a gambling license before then click "Add New Business".

# Facility Portal

Add existing business:

Show All

Show Available for Renewal

Click "Create New Owner Account".

It is rare for gambling applicants to have multiple organizations owned by the same person or company. If you believe this applies to you, please contact us at [scg@iowa.gov](mailto:scg@iowa.gov) or 515-281-6848 for assistance.

## Entity Information

Create New Owner Account    Select Owner Account\*

Mailing Address 

## Mailing Address

 International Address

Number\*:   Street Name\*:    Unit Type:   Unit Number:

Zip\*:  State\*:   County\*:   City\*:

## Business Information

Doing Business As\*

Business Phone Number\*:   None Available

Alternate or Cell Phone:

Business Email Address\*:

Business Address 

## Mailing Address

 International Address

Number\*:   Street Name\*:    Unit Type:   Unit Number:

Zip\*:  State\*:   County\*:   City\*:



## Entity Information

Select Owner Account

Entity's Legal Name\*: Entity's Phone Number\*: Alternate or Cell Phone: Entity's Email Address\*:   No Email AvailableOwnership Type: 

## Mailing Address

Mailing Address

 International AddressNumber\*:   Street Name\*:   Unit Type:  Unit Number: Zip\*:  State\*:  County\*:  City\*: 

## Business Information

Doing Business As\* Business Phone Number\*:   None AvailableAlternate or Cell Phone: Business Email Address\*: 

## Business Address

Complete all the required fields and select "Save New Business With Program" at the bottom of the page.

Choosing this option saves you a step and will take you straight into the "New License Application Questionnaire".

## New License Application

### Mailing Address

Number*	Street*	Unit		
6200	Park AVE			
Zip*	Plus 4	City*	State*	County*
50321		Des Moines	Iowa	Polk

### Physical Address

Number*	Street*	Unit		
6200	Park AVE			
Zip*	Plus 4	City*	State*	County*
50321		Des Moines	Iowa	Polk

### Contacts

#### Contacts

Contact's Name

Address

Relationship

Cell Phone

Add New Contact

### New License Application Questionnaire

Question	Options
Has your organization had a license since 2012? *	<input type="radio"/> Yes <input type="radio"/> No

Next

The first question is whether your organization has had a license since 2012.

If the answer is yes, then the system will direct you to contact us for assistance. This would take you **back to page 8 of this guide once you have the Business Code**. You may want to contact your organization's leadership prior to applying. If you are still unsure at this point, please contact us at [scq@iowa.gov](mailto:scq@iowa.gov) or 515-281-6848 for assistance.

If the answer is no, then you will continue on with the questionnaire and **go to page 14**.

# What's next?

Your gambling application will be reviewed and if complete, a physical gold-seal license will be sent to the mailing address you provided on the application. We cannot e-mail licenses. On-line applications will be given priority over paper applications, however we still have up to a 30 day processing time.

The on-line system will allow you to select a date as few as 7 days from now, however we cannot guarantee anything less than 30 days from the date of submission of a complete application. No gambling may occur until you have received your gambling license and the license is active. The physical license must be on display at the gambling activity.