



CITY OF ST. MARYS

ELECTRONIC GAME PROMOTIONS PERMIT APPLICATION PACKAGE

PLANNING AND BUILDING DEPARTMENT

418 Osborne Street
St. Marys, GA 31558
Ph: (912) 510-4032
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**APPLICATION FOR PERMIT TO CONDUCT ELECTRONIC DRAWING BY
CHANCE, SWEEPSTAKES OR GAME PROMOTION**

See instructions accompanying this application

I. General Information on Applicant/Operator

1. Name of Applicant:		
2. D/B/A Name (if any):		
3. Mailing Address: _____		
City:	State:	Zip Code:
4. Name of Contact Person:		
5. Contact's Phone Number:		
6. Type of Business: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (State: _____) <input type="checkbox"/> Limited Liability Company (State: _____)		
7. Is the Applicant a branch, chapter, lodge or other local unit of charitable organization or corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes: Name of primary organization: _____		
Address of principal office: _____		
City:	State:	Zip Code:

II. Applicant Ownership & Control Information

A. Complete Attachment #1 in its entirety and attach to this Application.
B. Within five (5) years prior to the date of this Application, have any individuals listed on Attachment #1 been convicted anywhere in the United States of any felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list the name of the individual, the date of conviction, place of conviction and the crime of which he or she was convicted: _____ _____ _____

Please Note: "Conviction" means a determination of guilt in a criminal case by a court of competent jurisdiction, regardless of whether the defendant pled guilty, no contest, or nolo contendere, was found guilty by a judge or jury, or had adjudication withheld.

III. Notice Information

Please provide the name and address of an individual in the City of St. Marys who is authorized to receive notices from the City of St. Marys on behalf of the Applicant/Operator.

Name: _____

Address (may not be a PO Box): _____

Zip Code: _____

IV. Premises Information

A. Premises Street Address: _____

Zip Code: _____

Premises Phone Number: (_____) _____ - _____

B. Date this location plans to begin conducting Electronic Drawing by Chance, Sweepstakes or Game Promotion utilizing Electronic Equipment:

_____/_____/_____

List the proof provided to verify the date: _____

C. Zoning District of Premises: _____ **(Must be C-2 as per ordinance)** _____

V. Electronic Equipment Information

A. Number of pieces of Electronic Equipment *proposed to be* used at the Premises: _____

B. Complete Attachment #2 “*Description and Inventory of Electronic Equipment*” in its entirety and attach to this Application. Also include an “electronic version” (disk/CD-ROM etc) of the Inventory of Electronic Equipment Excel Spreadsheet (*ATTACHMENT 2 Electronic Equipment Inventory*).

C. Identify the software used on the Electronic Equipment by:

Name: _____ Manufacturer: _____

Version: _____

VI. Sworn Affidavit

I, _____, hereby verify and certify that I am the Applicant and duly authorized, that all information in the Application Packet, including this Application, Attachment #1, Attachment #2, Attachment #3, and any other attachments or information submitted with the Application, are true and accurate. I understand that any misstatement of material fact in the Application Packet will result in the denial of the permit or, if the permit has been issued, the suspension or revocation of the permit.

Signature:

Printed Name:

Title (Authority to execute)

**STATE OF GEORGIA)
COUNTY OF CAMDEN)**

The foregoing affidavit was sworn and subscribed before me this _____ day of _____

**(month), _____ (year), by _____ who is
personally known to me or has produced**

_____ **as identification.**

(Notary Signature & Seal)

ATTACHMENT #1

Applicant Ownership & Control Information

A. Owners/Shareholders/LLC Members:

How many owners of the Applicant? _____

(If more space is needed, attach additional Attachment #1)

<p>Owner's Name: _____</p> <p>Owner's Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Owner's Phone Number: (____) ____ - _____</p> <p>Owner's Date of Birth: ____/____/_____</p>
<p>Owner's Name: _____</p> <p>Owner's Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Owner's Phone Number: (____) ____ - _____</p> <p>Owner's Date of Birth: ____/____/_____</p>
<p>Owner's Name: _____</p> <p>Owner's Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Owner's Phone Number: (____) ____ - _____</p> <p>Owner's Date of Birth: ____/____/_____</p>
<p>Owner's Name: _____</p> <p>Owner's Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Owner's Phone Number: (____) ____ - _____</p> <p>Owner's Date of Birth: ____/____/_____</p>

ATTACHMENT #1

Applicant Ownership & Control Information

B. Partners: How many partners of the Applicant? _____

(If more space is needed, attach additional Attachment #1)

<p>Partner's Name: _____</p> <p>Partner's Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Partner's Phone Number: (____) ____ - _____</p> <p>Partner's Date of Birth: ____/____/_____</p>
<p>Partner's Name: _____</p> <p>Partner's Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Partner's Phone Number: (____) ____ - _____</p> <p>Partner's Date of Birth: ____/____/_____</p>
<p>Partner's Name: _____</p> <p>Partner's Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Partner's Phone Number: (____) ____ - _____</p> <p>Partner's Date of Birth: ____/____/_____</p>
<p>Partner's Name: _____</p> <p>Partner's Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Partner's Phone Number: (____) ____ - _____</p> <p>Partner's Date of Birth: ____/____/_____</p>

ATTACHMENT #1

Applicant Ownership & Control Information

C. Directors/LLC Members: How many directors of the Applicant? _____

(If more space is needed, attach additional Attachment #1)

Director's Name: _____ Director's Address: _____ City: _____ State: _____ Zip Code: _____ Director's Phone Number: (____) _____ - _____ Director's Date of Birth: ____/____/____
Director's Name: _____ Director's Address: _____ City: _____ State: _____ Zip Code: _____ Director's Phone Number: (____) _____ - _____ Director's Date of Birth: ____/____/____
Director's Name: _____ Director's Address: _____ City: _____ State: _____ Zip Code: _____ Director's Phone Number: (____) _____ - _____ Director's Date of Birth: ____/____/____
Director's Name: _____ Director's Address: _____ City: _____ State: _____ Zip Code: _____ Director's Phone Number: (____) _____ - _____ Director's Date of Birth: ____/____/____

ATTACHMENT #1

Applicant Ownership & Control Information

D. Officers: How many officers of the Applicant? _____

(If more space is needed, attach additional Attachment #1)

<p>Officer's Name: _____</p> <p>Officer's Address: _____</p> <p> City: _____ State: _____ Zip Code: _____</p> <p>Officer's Phone Number: (_____) _____ - _____</p> <p>Officer's Date of Birth: ____/____/_____</p>
<p>Officer's Name: _____</p> <p>Officer's Address: _____</p> <p> City: _____ State: _____ Zip Code: _____</p> <p>Officer's Phone Number: (_____) _____ - _____</p> <p>Officer's Date of Birth: ____/____/_____</p>
<p>Officer's Name: _____</p> <p>Officer's Address: _____</p> <p> City: _____ State: _____ Zip Code: _____</p> <p>Officer's Phone Number: (_____) _____ - _____</p> <p>Officer's Date of Birth: ____/____/_____</p>
<p>Officer's Name: _____</p> <p>Officer's Address: _____</p> <p> City: _____ State: _____ Zip Code: _____</p> <p>Officer's Phone Number: (_____) _____ - _____</p> <p>Officer's Date of Birth: ____/____/_____</p>

ATTACHMENT #2

Description and Inventory of Electronic Equipment
(If more space is needed, attach additional Attachment #2)

	Equipment Description (CPU Brand/Model #)	Serial #	COSM use only
Ex.	Dell Vigo 210	123456789	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			

ATTACHMENT #2
continued

	Equipment Description (CPU Brand/Model #)	Serial #	COSM use only
Ex.	Dell Vige 210	123456789	
26.			
27.			
28.			
29.			
30.			
31.			
32.			
33.			
34.			
35.			
36.			
37.			
38.			
39.			
40.			
41.			
42.			
43.			
44.			
45.			
46.			
47.			
48.			
49.			
50.			

ATTACHMENT #3

List of Products and Services

**List all Products and/or Services and their price offered in connection with
Game Promotion/Sweepstakes/Drawing by Chance**

(If more space is needed, attach additional Attachment #3)

	Description of Product and/or Service	Sale Price	COSM use only
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			

*** Applicant hereby verifies and confirms that the prices charged for each product and/or service herein constitute a reasonable market value.**

APPLICATION CHECKLIST

The following checklist reflects the basic application package required for submission of an Application for Permit to Conduct Electronic Drawing by Chance, Sweepstakes or Game Promotion. Please check each box below. Attach this signed and dated checklist to the front of the Application.

- Completed **Application for Permit to Conduct Electronic Drawing by Chance, Sweepstakes or Game Promotion** and signed sworn affidavit by Applicant
- Attachment #1 – Applicant Ownership & Control Information**
- Attachment #2 – Description and Inventory of Electronic Equipment**
Electronic Copy should be included.
- Attachment #3 – List, Description and Prices of Products & Services**
- Fingerprint cards** from Georgia Bureau of Investigation for every individual listed on Attachment #1
- Criminal Background Check Certification Letter** from Georgia Bureau of Investigation for every individual listed on Attachment #1
- Copy* of current **City of St. Marys Occupation Tax Receipt** in the name of the Applicant
- Rules and Regulations for the Drawing by Chance, Sweepstakes or Game Promotion**, which must include the odds of winning and prize table
- Certification** that the **Computer Software** to be used has been tested by an independent testing laboratory verifying that the manner within which the software works complies with all applicable laws
- Proof of a Trust Account or Certified Bond**, in the amount equal to the total value of announced prizes offered, or \$50,000, whichever is less, a copy of the Applicant's trust account or certified bond as provided thereto
- Application Fee of \$500.00, payable to "City of St. Marys"**

I attest by my signature that all required information for this Application for Permit to Conduct Electronic Drawing by Chance, Sweepstakes or Game Promotion is completed and duly attached in the above-referenced order. If the package is found to be lacking the above requirements, I understand that the application package will be returned for incorrect submission. I further acknowledge that if my application is found insufficient due to inaccurate or inadequate information, the application may be revoked, denied or I may be required to resubmit the application packet along with an additional application fee.

(Signature of Applicant)

_____/_____/_____
(Date)

**INSTRUCTIONS FOR COMPLETING THE APPLICATION PACKET FOR PERMIT TO
CONDUCT ELECTRONIC DRAWING BY CHANCE, SWEEPSTAKES
OR GAME PROMOTIONS**

Application Directions:

I. General Information on Applicant/Operator:

Applicant Name, etc: (1) The applicant is the business that will be the permit holder. **(2)** Give the name, fictitious name (“d/b/a”) registered with the State of Georgia, and **(3)** mailing address.

Name of Contact Person: (4) Provide the name and **(5)** phone number of a person the City can contact with questions regarding this application.

Type of Applicant: (6) Indicate whether applicant is a Sole Proprietor, Partnership, Corporation or Limited Liability Company. **NOTE: If Applicant is a Corporation or Limited Liability Company, indicate the state in which the business was incorporated or organized.**

Local Unit: (7) Indicate whether the Applicant is a branch, chapter, lodge, or other local unit of a charitable organization or corporation. If the answer is “yes”, provide the name and address of the charitable organization or corporation.

II. Applicant Ownership & Control Information:

Attachment #1: (A) Lists all of the owners/shareholders/LLC Members, directors/LLC Managers, partners or any other affiliates and officers of the Applicant, including their addresses and dates of birth.

(B) Indicate whether any of the individuals listed on Attachment #1 have been convicted anywhere in the United States for a felony within the past five (5) years. If the answer for either question is “yes”, provide the details in the space below.

Please note: “Conviction” means a determination of guilt in a criminal case by a court of competent jurisdiction, regardless of whether the defendant pled guilty, no contest, or nolo contendere, was found guilty by a judge or jury, or had adjudication withheld.

III. Notice Information: Provide the name and address of someone in the City of St. Marys who is authorized by the Applicant/Operator/Permit Holder to receive notices from the City on behalf of the Applicant/Operator/Permit Holder. This individual must reside in the City of St. Marys. Provide the address of the individual in the space provided. Please note that the address may NOT be a P.O. Box.

IV. Premises Information: **(A)** List the street address and zip code of the location for the Permit and the location phone number in the space provided.

(B) Provide the date on which this Premises intends to begin conducting a game promotion/sweepstakes/drawing by chance.

(C) Provide Zoning District of Premises.

V. Electronic Equipment Information:

(A) Provide the number of pieces of Electronic Equipment at the Premises. Please Note: "Electronic Equipment" means any electronic or mechanical device that is used to conduct and/or reveal the results of a drawing by chance conducted in connection with the sale of a consumer product or service, sweepstakes or game promotions that display the results by simulating a game or games ordinarily played on a slot machine."

(B) **Attachment #2:** This Attachment **must** be submitted in the Application Packet along with the "electronic version" on a disk/CD-ROM (see Excel Spreadsheet file named "ATTACHMENT 2 Electronic Equipment Inventory"). If more space is needed, attach an additional Attachment #2. For each piece of electronic equipment used in connection with the Drawing by Chance, Sweepstakes or Game Promotion, describe the piece, including but not limited to the brand of CPU. A computer, including the CPU, mouse, monitor, and keyboard, is considered one "piece" of Electronic Equipment.

(C) Identify the type of software used on all pieces of Electronic Equipment located at the Premises. And provide certification by an independent testing laboratory verifying that the manner in which the software works complies with all applicable laws.

VI. Sworn Affidavit: DO NOT SIGN UNLESS YOU ARE IN THE PRESENCE OF A NOTARY PUBLIC.

In this paragraph, the Applicant is swearing to the truth and accuracy of the information provided on the application and any attachments attached thereto. By signing this section of the application, the Applicant understands that any misstatement will result in the denial, suspension or revocation of this application.

Applicant must print their full name in the first blank of the paragraph. After carefully reading the information in the statement, Applicant must sign on the signature line and print his or her name on the line below. **NOTE: Applicant's signature must be notarized.**

Attachments to Application Packet: Label and submit in the Application Packet the following documents:

1. Fingerprint Cards: Every individual listed on Attachment #1 must submit a fingerprint card inked by the Georgia Bureau of Investigation.
2. Criminal Background Check Certification Letter: Every individual listed on Attachment #1 must submit a Certification Letter from Georgia Bureau of Investigation certifying the results of a criminal background check.

3. Copy of City of St. Marys Occupation Tax Receipt: The Applicant must submit a copy of its City of St. Marys Occupation Tax Receipt issued in the name of the Applicant and for the location on the Application. To obtain a City of St. Marys Occupation Tax receipt, visit the City of St. Marys Planning Department Office.
4. Rules and Regulations for the Drawing by Chance, Sweepstakes or Game Promotion: The Applicant must submit a copy of its Rules and Regulations, which shall include the odds for winning prizes and the prize payout tables.
5. Certification by Independent Testing Laboratory: The software on Electronic Equipment must be tested and certified and tested by an Independent Testing Laboratory verifying that the manner in which it works complies with all applicable laws.
6. Proof of Trust Account or Copy of Bond: The Applicant must submit a copy of the bond or trust account in the amount equal to the total value of announced prices offered, or \$50,000, whichever is less.
7. Attachment #1 “Applicant Ownership and Control Information”: This Attachment must be submitted in the Application Packet. If more space is needed, attach an additional Attachment #1. Lists all of the owners/shareholders/LLC Members, directors/LLC Managers, partners or any other affiliates and officers of the Applicant, including their addresses and dates of birth.
8. Attachment #2 “Description and Inventory of Electronic Equipment”: This Attachment **must** be submitted in the Application Packet along with the “electronic version” on a disk/CD-ROM (see Excel Spreadsheet file named “ATTACHMENT 2 Electronic Equipment Inventory”). If more space is needed, attach an additional Attachment #2. For each piece of electronic equipment used in connection with the Drawing by Chance, Sweepstakes or Game Promotion, describe the piece, including but not limited to the brand of CPU. A computer, including the CPU, mouse, monitor, and keyboard, is considered one “piece” of Electronic Equipment.
9. Attachment #3 “List of Products and Services”: This Attachment must be submitted in the Application Packet. If more space is needed, attach an additional Attachment #3. The products and/or services sold in connection with any game promotion, sweepstakes or drawing by chance must be clearly described and the sales price for each must be included, which such sales prices charged shall be verified by the Applicant as constituting a reasonable market value for each such product and/or service.

Fees:

Application Fee: Applicant must submit a non-refundable Application Fee of \$500 with the Application Packet. Fee is payable to City of St. Marys.

Annual Electronic and Game Promotion Fee: Prior to issuance of a Permit, and upon renewal every year thereafter, Applicant must submit a \$2000 annual electronic and game promotion fee for Premises with more than five (5) pieces of Electronic Equipment or a \$200 annual electronic drawing by chance and game promotion fee for Premises with five (5) or less pieces of Electronic Equipment. Fee is payable to the City of St. Marys.

Annual Electronic Equipment Machine Fees: Prior to issuance of a Permit, and upon renewal every year thereafter, Applicant must submit an annual Electronic Equipment Machine fee in the amount of \$50.00 per piece of Electronic Equipment at the Premises. Fees are payable to the City of St. Marys.

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