

NAUTICA CHARITY POKER FESTIVALS

March 2-3 through December 7-8, 2010

2010 APPLICATION

This Application should be used by all organizations seeking to participate in the Nautica Charity Poker Festivals. Completed Application, all attachments and requested supporting documents should be delivered to Nautica Charity Poker Festivals, c/o Jacobs Investments Management Co., Inc., Attention: Sue Eyeran, 1231 Main Avenue, Cleveland, OH 44113. Please type or print legibly. If space provided is inadequate, use separate sheet for answers and attached to the Application. A Festival shall be conducted as outlined in the 2010 Festival Manual. Manual will be provided at later date after the review process.

PLEASE NOTE: All applications will be reviewed and placed on the list for possible placement only if the application packet is complete. Packet will be returned if it does not contain the following:

1. Totally completed application
2. Copy of the applicant's 501c3 application (must have 501c3 status for at least two years.) Please be sure this is a copy of the IRS letter showing 501c3 status. State or city tax exemption forms do not qualify to document 501c3 status.
3. Copy of the applicant's latest financial statement. A tax return or 990 is adequate in place of a financial statement.
4. Copy of applicant's Articles of Incorporation
5. Background information (i.e., brochure) to show what service the applicant provides and to whom exactly.
6. A copy of the applicant's mission statement.

PART A – IDENTIFICATION OF APPLICANT

1. Applicant: _____
Provide the complete legal name of the organization filing this Application.
2. Applicant's I.R.S. Employer Identification Number (EIN): _____
3. Previous Name of Applicant (if a name change has occurred): _____
4. Advertising Names – List any name used by Applicant to advertise any previous fundraising efforts or other purposes:

5. Address of Principal Place of Business (**Do not use a Post Office Box**):

Address City, State, Zip Code County
6. Telephone Number of Organization: _____
7. Telephone Number of Organization: _____
8. Contact Person (**The one individual with whom we will communicate**)
 - a. Name: _____ b. Contact Person's Phone Number: _____
 - b. Contact Person's e-mail address: _____
 - c. Mailing Address (**This is the address to which all correspondence to Applicant's Contact Person will be directed**) No P.O. Box

Address **Do not use P.O. Box** City, State, Zip Code County

9. Has Applicant previously applied for a Nautica Charity Poker Festival Lease? yes no
10. Has Applicant held a Festival weekend at the Nautica Charity Poker Festivals in the past 12 months? yes no
If yes, when? _____
11. Has Applicant participated in games of chance as a fundraiser anywhere else in the past 12 months? yes no
If, yes: Where: _____ When: _____

PART B – FESTIVAL INFORMATION

1. Indicate below three preferences for dates. Although the NCPF will use best efforts to accommodate your group, there is no guarantee your group will be offered one of these dates. 2-Day Festivals will run Tuesday, March 2, 2010 through Sunday, December 8, 2010.
A. _____ B. _____ C. _____
2. Mark the box choosing if:
 Applicant intends to conduct its own food concession. **If checked, your group must obtain a Temporary Food Service Permit.**
 Applicant intends to retain someone else to conduct concessions. **That party must obtain a Temporary Food Service Permit in your group's name.**
3. The organization has _____ members.
4. We expect _____ volunteers to be available for the Festival.

PART C – APPLICANT'S ORGANIZATIONAL INFORMATION

1. Is Applicant's I.R.S. tax-exempt status 501(c) (3)? Yes No
2. **Please attach a copy of applicant's 501(c)3 IRS document.** Applicant asserts that it is a charitable organization as indicated by the box checked below. (Refer to Sections 2915.01 of the Ohio Revised Code for definitions of the types of charitable organizations eligible to conduct gaming activity in the State of Ohio.) **Check only one box.**
- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Educational | <input type="checkbox"/> Volunteer Firefighter | <input type="checkbox"/> Historic Railroad Education | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Volunteer Rescue Service | <input type="checkbox"/> Non-Profit Service | <input type="checkbox"/> Non-Profit Medical | <input type="checkbox"/> Senior Citizen |
| <input type="checkbox"/> Youth Athletic Park | <input type="checkbox"/> Youth Athletic | <input type="checkbox"/> Amateur Athletic | |
3. Provide a description of Applicant's history, record and association that establishes that it is a charitable organization as defined in Section 2915.01 and outlined above. **This must be an accurate statement of Applicant's purpose or mission and how that purpose or mission has been accomplished. Please attach a copy of applicant's Articles of Incorporation, latest financial statement, and other information of the applicant's history and purpose.**
- _____
- _____
- _____
- _____
4. Applicant has been in continuous existence as a charitable organization in the State of Ohio since:
Date of origin (month/year): _____
5. Is Applicant organized as a non-profit: Corporation or Other (association, society, order, league, trust, fund, foundation, etc.)? If incorporated, is Applicant in good standing with the Secretary of State? Yes No

