

ALCOHOL LAW ENFORCEMENT DIVISION -GAMING LICENSING SECTION  
3320 GARNER ROAD  
RALEIGH, NORTH CAROLINA 27610  
919-733-4060

◆GL-2 GAME NIGHT VENDOR PERMIT APPLICATION◆

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.

Restrictions on employees - A person, firm, or corporation with a game night vendor permit may not employ a person that meets any of the following disqualifying conditions: (1) Has a conviction for any violation of State or federal gambling laws within the five years prior to the date of employment; (2) Has pending charges for any violation of State or federal gambling laws; (3) Is subject to an active criminal or civil court order prohibiting involvement in gambling activities; (4) Has a conviction for any felony.

Devices - A gaming table or other gaming equipment possessed or transported for use in a game night event must be registered with the Alcohol Law Enforcement Branch of the Department of Public Safety and must have a sticker affixed with a unique number. A fee of twenty-five dollars (\$25.00) shall be charged for each sticker and each sticker shall be renewed annually. The Alcohol Law Enforcement Branch may inspect, without prior notice, any device or other equipment used in a game night event at any time immediately prior to or during the game night event.

**This application and \$2,500 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. Mailing Address if different from above: Street \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

6. Email Address: \_\_\_\_\_ 7. Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

8. Date of Birth: \_\_\_\_\_ 9. Social Security Number: \_\_\_\_\_

10. NC Driver's License Number (a copy must be submitted with this application): \_\_\_\_\_

