

CITY OF ANN ARBOR CHARITABLE GAMING LICENSE APPLICATION FOR CITY COUNCIL RESOLUTION

	Date: 10/15/2	5
Please Return to: City Clerk's Office 301 E. Huron St. Ann Arbor, Mi 48104		
Official Name of Organization: Howard Hanna Children's Fr	ee Care Fund	of MI
is hereby requesting that it be recognized as a nonprofit organization, opera-	ating in the City of Ann	Arbor,
for the purpose of obtaining a charitable gaming license.		
1884 W Stadium Blvd	Ann Arbor	48103
Address of Organization (must be within the City limits of Ann Arbor)	City	Zip
Contact Person: Brooke Echnat Phone No.		
Mailing Address: 1884 W Stadium Blvd City: Ann Ark (A copy of the approved Council resolution will be sent to this address.)	oor _{Zip:} 4810	03
Does your organization have a website? YES / NO Website address:	ardhannachildrensfreecai	refund.org
Describe what your organization does, or write your mission statement below. Our mission is to ensure that children are never denied the medical care that		current
economic situation. Our fundraising efforts help to support un- or underinsured fam	ilies afford life-saving trea	atments
for their children. Our fundraising efforts have also supported children with special needs, ch		
In Michigan, we currently support C.S. Mott Children's Hospita	al and Arbor Hospid	ce.
Location of Event: Howard Hanna Ann Arbor Office		
Type of Event (e.g. poker tournament, raffle, etc.):		
Date(s) of Event: 11/07/25		
*Please attach a copy of paperwork indicating 501(c)(3) status with th	is application.	