



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

Date: _____

Please Return to:
City Clerk's Office
301 E. Huron St.
Ann Arbor, Mi 48104

Official Name of Organization: _____

is hereby requesting that it be recognized as a nonprofit organization, operating in the City of Ann Arbor,
for the purpose of obtaining a charitable gaming license.

Address of Organization (**must be within the City limits of Ann Arbor**) City Zip

Contact Person: _____ Phone No.: _____

Mailing Address: _____ City: _____ Zip: _____

(A copy of the approved Council resolution will be sent to this address.)

Does your organization have a website? YES / NO Website address: _____

Describe what your organization does, or write your mission statement below.

Location of Event: _____

Type of Event (e.g. poker tournament, raffle, etc.): _____

Date(s) of Event: _____

***Please attach a copy of paperwork indicating 501(c)(3) status with this application.**