

# Gambling Permit Usage Request

## Campus Organizations Accounting

Please submit this form by completing the "General Information" section and the section that corresponds with your gambling event for processing at least two (2) weeks prior to your event.

**Campus Organizations:** Fill out and attach this form to the Event Authorization Request: <https://request.event.iastate.edu/> . Confirmation or additional policies/guidance will be communicated through the request.

**Departments:** email this form to [jlr@iastate.edu](mailto:jlr@iastate.edu) . Confirmation or additional policies/guidance will be communicated by email

General Information		
Name of Organization or ISU Department	ISU Program Worktag	
Event start date	Event end date	
Funds raised to be used for		
Prizes to be awarded (please list prizes/gifts/donations on the back of this form)		
Total retail value or prizes (please list exact values of each on the back of this form)		
Type of gambling event to be held (select one and complete corresponding section below)		
Bingo	Raffle	Game of skill or chance

Bingo
Room and building where gambling event will take place
Is there a fee/game to obtain bingo cards? (please describe if yes)

Raffle
Location of raffle ticket sales & award announcement (ex: ISU Campus, Ames, Story County)
Sale price for tickets (please include all prizes and rates)
Total number of tickets sold at each rate (to be furnished to COA after event)

Game of Skill or Chance
Please describe the event completely

By approving this event in the Event Authorization system, we hereby verify the validity of this gambling event request in regards to appropriateness and duration. We acknowledge that this event may be subject to investigation or audit by the university auditors and/or Department of Public Safety. We are also aware that ticket sales or the event may not occur before authorization has been issued by Campus Organizations Accounting.

We further certify that that we have examined this application, and to the best of our knowledge and belief, the information is true, correct, and complete.

If this request is for an ISU Department, please provide a contact name and cell phone number for the day of the event

\_\_\_\_\_  
Name  
Campus Organizations Accounting  
1580J Memorial Union

\_\_\_\_\_  
Cell phone  
[coa@iastate.edu](mailto:coa@iastate.edu)  
(515)294-1633

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Prize or gift	Check mark if item was donated	MSRP Value (Manufacturer's Suggested Retail Price)

If any items were donated, please also include the donor form after completion by the donor: [DONOR FORM](#)

The donor form can also be found on the "Forms" page of the COA website: [coa.studentaffairs.iastate.edu](http://coa.studentaffairs.iastate.edu)