MICHIGAN LOTTERY
Charitable Gaming Division
101 E. Hillsdale, Box 30023
Lansing, Michigan 48909
(517) 335-5780
www.michigan.gov/cg

For Internal Use Only

QUALIFICATION INFORMATION

Complete this form and submit with the required qualification documents listed on the attached Qualification Requirements sheet. A Bingo, Raffle, or Charity Game Ticket license application and fee may also be submitted with this information. See box #5 below for mailing instructions.

1. ORGANIZATION INFORMATION

Organization Name: LCG iCare Foundation			
Organization Physical Street Address: 21333 Haggerty Rd Ste # 300			
City: Novi	State: MI	Zip Code: 48375	County: Oakland
Organization Mailing Address: 24875 Novi Rd # 7187 ☐ Same as Physical Address			
City: Novi	State: MI	Zip Code: 48376	County: Oakland
Organization Telephone Number: 248-515-0863			

2. ORGANIZATION PURPOSE

Briefly describe the purpose of your organization. Support Learning Care Group (LCG) childcare providers and other employees in times of crisis.

3. LICENSE APPLICATION

Enclosed is a completed application and fee for a ☐ Bingo ☑ Raffle ☐ Charity Game Ticket license
Make checks payable to STATE OF MICHIGAN.

4. AUTHORIZED CONTACT PERSON

First Name: Emily	Last Name: Pipesh		Position/Role with Organization: Executive Director
Mailing Address: 24875 Novi Rd # 7187			City: Novi
State: MI	Zip Code: 48376	Telephone Number (Day): 248-515-0863	Telephone Number (Evening):

By signing below, I hereby certify that the representations, information, and data presented are true, accurate, and complete to the best of my knowledge. I understand that failure to answer truthfully, completely, and accurately could preclude the organization from receiving an approval to obtain a gaming license.

Authorized Contact Person Signature: Emily Pipesh	Date: 6/9/2024
Print Authorized Contact Name and Title: Emily Pipesh - Executive Director	

5. MAILING INSTRUCTIONS

Mail this completed Qualification Information form, the required qualification documentation listed on the Qualification Requirements sheet, and the completed license application and fee (if also applying for a gaming license) to Charitable Gaming Division, PO Box 30023, Lansing, MI 48909. If submitting by overnight carrier (FedEx, UPS, etc.), send to Charitable Gaming Division, 101 East Hillsdale, Lansing, MI 48933.

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LOCAL CIVIC ORGANIZATION QUALIFICATION REQUIREMENTS

If the organization has never submitted qualifying information as a local civic organization, the following information shall be submitted in the name of the organization prior to being approved to conduct a bingo, raffle, or charity game. A previously qualified organization may be required to submit updated qualification information to assure its continued eligibility under the act.

1. A signed and dated copy of the organization's current bylaws or constitution, including membership criteria.
2. A complete copy of the organization's Articles of Incorporation that have been filed with the Corporations and Securities Bureau, if the organization is incorporated.
3. A copy of the letter from the IRS stating the organization is exempt from federal tax under IRS code 501(c) OR copies of one bank statement per year for the previous five years, excluding the current year.
4. A provision in the bylaws, constitution, or Articles of Incorporation that states should the organization dissolve, all assets, and real and personal property will revert to the benefit of the local government or another nonprofit organization.
5. A revenue and expense statement for the previous 12 month period to prove all assets are used for charitable purposes, i.e. 990's, treasurer's report, audit. Do not send check registers or cancelled checks. Explain the purpose of each expenditure made to an individual. Once the organization has conducted licensed gaming events, the Bureau may require the organization to provide additional proof that all assets are being used for charitable purposes.
6. A copy of a resolution passed by the local body of government stating the organization is a recognized nonprofit organization in the community (form attached).
7. A provision in the bylaws, constitution, or Articles of Incorporation indicating the organization will remain nonprofit forever.

Additional information may be requested after the initial documents submitted have been reviewed. If you have any questions or need further assistance, please call our office at (517) 335-5780.

Act 382 of the Public Acts of 1972, as amended, defines "A local civic organization in this state that is organized not for pecuniary profit; that is not affiliated with a state or national organization; that is recognized by resolution adopted by the local governmental subdivision in which the organization conducts its principal activities; whose constitution, charter, articles of incorporation, or bylaws contain a provision for the perpetuation of the organization as a nonprofit organization; whose entire assets are used for charitable purposes; and whose constitution, charter, articles of incorporation, or bylaws contain a provision that all assets, real property, and personal property must revert to the benefit of the local governmental subdivision that granted the resolution or another nonprofit organization on dissolution of the organization."

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RAFFLE LICENSE APPLICATION

For Bureau Use Only

ALLOW 4-6 WEEKS FOR PROCESSING.
PLEASE PRINT OR TYPE IN BLUE OR BLACK INK.

QUALIFICATION INFORMATION

1. Organization Name: LCG iCare Foundation

2. Organization ID Number or Last License Number Issued:

3. Organization Street Address	City	State	Zip Code
21333 Haggerty Rd #300	Novi	MI	48375

Organization Mailing Address	City	State	Zip Code	County
24875 Novi Rd #7187	Novi	MI	48376	63 Oakland

4. Has your organization ever received a license such as bingo, raffle or charity game ticket?

☐ Yes - Complete application and submit with the appropriate fee.

☑ No - You must submit the documentation requested on the Qualification Requirements sheet and become qualified before any licenses can be issued. The Qualification Requirements sheet can be obtained from our website at www.michigan.gov/cg or by calling our office at (517) 335-5780.

5. Is your organization a candidate committee, political committee, political party committee, ballot question committee, independent committee or any other committee as defined by, and organized pursuant to, the Michigan Campaign Finance Act 388 of the Public Acts of 1976, as amended, being sections 169.201 to 169.282 of the Michigan Compiled Laws?

☐ Yes ☑ No

6. Has your organization received contributions or made expenditures of $500 or more in the last calendar year for the purpose of influencing or attempting to influence the action of voters for or against the nomination or election of a candidate, or the qualification, passage, or defeat of a ballot question?

☐ Yes ☑ No

SIGNATURE(S)

7. Provide name, title, home address, and telephone numbers for the PRINCIPAL OFFICER, e.g., president, grand knight, worthy matron, etc., and the vice president or equivalent and one other officer of the organization. SIGNATURE OF PRINCIPAL OFFICER REQUIRED - OR - TWO signatures of the vice president or equivalent and one other officer. Original signatures are required. Electronic or stamped signatures are not accepted. **NOTE: Executive director signature not acceptable.**

Name and Title	Street, City, State, ZIP Code	Telephone Numbers
Principal Officer: Angela Cline		Day
Title: President		Evening
Signature of Principal Officer: *Angela Cline*	Email Address: acline@lcgicarefoundation.org	Date: 08/12/24

- OR -

Name and Title	Street, City, State, ZIP Code	Telephone Numbers
Vice President or Equivalent		Day ( )
Title		Evening ( )
Signature of Vice President or Equivalent	Email Address	Date
Name and Title	Street, City, State, ZIP Code	Telephone Numbers
Other Officer		Day ( )
Title		Evening ( )
Signature of Other Officer	Email Address	Date

By signing above, I CERTIFY that I am at least 18 years of age, the organization applying is a NONPROFIT organization, I have examined this application and there is no misrepresentation or falsification in the information stated or attached, and the facts underlying our original qualification status remain unchanged. I CERTIFY that ALL chairpersons associated with this raffle will read and understand the duties and responsibilities of a Raffle Chairperson as described in the Raffle Guide and Raffle Rules before performing any duties as a chairperson. I FURTHER CERTIFY that I am aware that false or misleading statements will be cause for rejection of this application or revocation of the right to obtain any future licenses and I AM AWARE OF AND AGREE TO the conditions of Act 382 of the Public Acts of 1972, as amended, and the rules and directives of the Michigan Bureau of State Lottery.

COMPLETE THE ENTIRE APPLICATION AND MAKE A COPY FOR YOUR RECORDS

COMPLETION: Required for licensure.
PENALTY: No license will be issued.

Authority: Acts 382 of the Public Acts of 1972, as amended.

RAFFLE INFORMATION

8. Contact Person: Emily Pipesh

Mailing Address Where License Should Be Sent: 24875 Novi Rd #7187

City: Novi | State: MI | ZIP Code: 48376

Telephone Number (Day): (248) 515-0863

Email Address: epipesh@lcgicarefoundation.org

9. Raffle Location (building name, if any): Fox Hills Golf & Country Club

Street Address: 8768 N Territorial Rd

City: Plymouth

ZIP Code: 48170 | County: 82 Wayne

10. List name, home address, and telephone numbers of the raffle chairperson(s). **Must be a member for 6 months. If your organization does not have general membership, chairperson must be a board member for 6 months.** Playing card progressive raffles require at least 2 chairpersons. Attach additional list if necessary.

Raffle Chairperson	Street, City, State, ZIP Code	Telephone Numbers
Name: John Hollo		Day:
Email Address: jhollo@lcgicarefoundation.org		Evening: ( )
Name:		Day: ( )
Email Address:		Evening: ( )

11. Dates when total value of all prizes awarded in one day is **$500 or LESS.**

SMALL

Drawing Date(s) and Time(s) (Must be between the hours of 8 a.m.-2 a.m.)

Date _____ Time a.m. _____ to _____ a.m.

Date _____ Time a.m. _____ to _____ a.m.

Date _____ Time a.m. _____ to _____ a.m.

☐ Check here if there are additional drawing dates and attach list.

Dates when total value of all prizes awarded in one day is **MORE than $500.**

LARGE

Drawing Date(s) and Time(s) (Must be between the hours of 8 a.m.-2 a.m.)

Date 09/19/24 Time a.m. 08:00 to 05:00 p.m.

Date _____ Time a.m. _____ to _____ a.m.

☐ Check here if there are additional drawing dates and attach list.

12. License Fee

All drawing dates included on this application must be at the same location.

Small Raffle Drawings - $15 for 1, 2, or 3 dates plus $5 for each additional drawing date.

Large Raffle Drawings - $50 for each drawing date.

a. 1, 2, or 3 small drawing dates $15 = _____

b. Additional small drawing dates _____ x $5 = _____

c. Large drawing dates 1 x $50 = 50

FEE (total lines a, b and c) $ 50

TICKET INFORMATION

13. • If you are conducting an in-house raffle ONLY where there is no presale of the raffle tickets before the event, there is no need to complete the raffle ticket below.
• Ensure the event times listed in #11 reflect the entire occasion, meaning the beginning time you will start selling in-house raffle tickets on the event date and the ending time when all prizes have been awarded.

14. • If you are preselling tickets before the event, complete the boxes below in ink; ensure the ticket is printed with all of the required items according to Raffle Rule 506.
• Indicate any additional information that will appear on the actual tickets.

RAFFLE

001 Ticket #

Name of Licensee

Drawing Date(s)

a.m. Drawing Time(s)

First Prize *

Ticket Price

Raffle Location

(to be added when issued) License Number

001 Ticket #

Purchaser's Name

Purchaser's Address

Purchaser's Phone #

* For large prizes, you may want to include a disclaimer that states "If xxx (indicate number) tickets are not sold, the drawing will revert to a 50/50 raffle with the minimum prize of $xxx (indicate dollar amount) awarded."

Make checks payable to: STATE OF MICHIGAN

Submit completed application, supporting documents, and license fee to:
Charitable Gaming Division, Box 30023, Lansing, MI 48909
OVERNIGHT DELIVERY: 101 E. Hillsdale, Lansing, MI 48933

ALTERNATIVE RAFFLES

15. If you will be using an Electronic Management System, provide the following information:

- Supplier Name _____
- Supplier License Number _____
- Submit a sample of the raffle ticket that will be used. Raffle tickets must contain all information shown on the right.

★ **NOTE: The licensee must appear as the sole sponsor of the raffle. No other business or group name may appear on the raffle ticket as a sponsor.**

RAFFLE

*Name of Licensee

Ticket Number(s)

Drawing Date Drawing Time

Raffle Location

Top Prize to be Awarded

Where Winning Numbers will be Publicly Posted

Ticket Price

License Number
(to be added when issued)

16. **Approved Methods**: If you will be using an alternative method that has been approved by the bureau, you must ensure the raffle complies with the bureau's Game Instructions. Please obtain a current copy of the approved Game Instructions for the raffle you will be conducting from our website (www.michigan.gov/cg).

17. **Request Approval**: If you intend to use an alternative method that has not been approved by the bureau, you must submit a detailed description of the proposed raffle with the application. Please explain how the raffle will be conducted including the random selection method that will be used, how a tie will be handled (if applicable), and your record keeping procedures. **(NOTE: THE BUREAU DOES NOT APPROVE GAMES OF SKILL.)**

ADDITIONAL DRAWING DATES WHEN PRIZES AWARDED ARE $500 OR LESS

Date _____ Time a.m. _____ to _____ p.m

Date _____ Time a.m. _____ to _____ a.m.

Date _____ Time a.m. _____ to _____ a.m.

Date _____ Time a.m. _____ to _____ a.m.

Date _____ Time a.m. _____ to _____ a.m.

Date _____ Time a.m. _____ to _____ a.m.

Date _____ Time a.m. _____ to _____ a.m.

Date _____ Time a.m. _____ to _____ a.m.

Date _____ Time a.m. _____ to _____ a.m.

Date _____ Time a.m. _____ to _____ a.m.

Date _____ Time a.m. _____ to _____ a.m.

Date _____ Time a.m. _____ to _____ a.m.

ADDITIONAL DRAWING DATES WHEN PRIZES AWARDED ARE MORE THAN $500

Date 09/18/25 Time a.m. 08:00 to 05:00 p.m

Date _____ Time a.m. _____ to _____ a.m.

Date _____ Time a.m. _____ to _____ a.m.

Date _____ Time a.m. _____ to _____ a.m.

Date _____ Time a.m. _____ to _____ a.m.

Date _____ Time a.m. _____ to _____ a.m.

Date _____ Time a.m. _____ to _____ a.m.

Date _____ Time a.m. _____ to _____ a.m.

Date _____ Time a.m. _____ to _____ a.m.

Date _____ Time a.m. _____ to _____ a.m.

Date _____ Time a.m. _____ to _____ a.m.

Date _____ Time a.m. _____ to _____ a.m.