

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE**



**PENNSYLVANIA SMALL GAMES OF CHANCE
GAME APPROVAL FORM**

MANUFACTURER INFORMATION

1. NAME OF MANUFACTURER: _____
2. LICENSE #: _____
3. CONTACT PERSON: _____ PHONE #: _____ FAX#: _____
4. ADDRESS (CONTACT PERSON): _____

THE FOLLOWING INFORMATION IS NEEDED TO SUBMIT A GAME FOR APPROVAL:

GAME INFORMATION

NAME OF GAME:	
FORM/BOARD NUMBER(S):	
DESCRIPTION OF THE GAME AND RULES FOR PLAY:
GAME PRIZE STRUCTURE, PRIZES AND THEIR VALUE:
NUMBER OF CHANCES AND COST PER CHANCE:
PAY OUT %:	

**USE 8 1/2 X 11 SHEET(S) OF PAPER TO PROVIDE ADDITIONAL INFORMATION
ATTACH A PICTURE OR ILLUSTRATION OF THE GAME AND ITS COMPONENT PIECES
NOTE: ALL INFORMATION MUST BE COMPLETED OR REQUEST WILL BE DENIED**

THE SIGNATURE AND DATE BELOW CERTIFIES ALL INFORMATION SUBMITTED HEREIN IS TRUE AND CORRECT.

SIGNATURE: _____ DATE: _____