FORM 14B
REVISED 3.2022

SMALL STAKES CARD GAME TOURNAMENT PERMIT APPLICATION FORM

ANNUAL PERMIT FEE $500.00

For Office Use Only

Check No. _____

Amount _____

Tables _____

Establishment Name _____
(ABC Manufacturing, Inc.)

Gambling Operator Account Number _____

Mailing Address _____
Street, Suite No *City* *State* *Zip*

Phone ( ) _____ Email _____

23.16.1103 SMALL-STAKES CARD GAME TOURNAMENTS

(1) A licensed operator with a permit to operate at least one live card game table on premises may apply to the department for an annual permit to conduct small-stakes card game tournaments. The application must be submitted on Form 14B, the small-stakes card game tournament permit application, which is available from the department. The annual permit fee must accompany the submission of the application. The small-stakes card game tournament permit is effective July 1 through June 30.

(2) The only consideration that may be paid to participate in a small-stakes card game tournament is a single entry fee which must be paid before the start of the tournament, and may under no circumstances exceed $80. No other fees or costs may be assessed to participate in a small-stakes tournament.

(3) Small-stakes card game tournaments may only be conducted on permitted card tables, plus one additional card table used only for small-stakes tournament play.

(4) A small-stakes card game tournament permit holder may conduct a small-stakes card game tournament for charitable purposes.

(5) For each charitable tournament, the permit holder conducting the tournament shall maintain for a period of 12 months from the date of the tournament, and provide to the department upon request:
(a) a record of the total amount of entry and reentry fees collected in the charitable tournament;
(b) a description of how the tournament was publicly identified as a charitable tournament;
(c) the name and address of each charitable, educational, or recreational nonprofit organization that received a distribution of the charitable proceeds; and
(d) the amount of money distributed to each charitable, educational, or recreational nonprofit organization.

I certify that this information is true and correct.

_____	_____	_____
Authorized Signature	**Print Name of Person Signing**	**Date**

ATTACH FEE AND A COPY OF RULES THAT ARE NOT INCLUDED IN THE POKER TOURNAMENT DIRECTOR'S ASSOCIATION RULES (WWW.POKERRDA.COM) AND SEND APPLICATION TO:

Montana Department of Justice, Gambling Control Division
615 South 27th St., Suite A, Billings, MT 59101
Phone: (406) 896-4300 ● Fax: (406) 896-4308
Email: gcd@mt.gov

Staple Payment Here
Payable to:
Gambling Control Division