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**CHEROKEE NATION GAMING COMMISSION**  
**FEE WAIVER REQUEST FORM**

**Instructions:** Complete this form to request a waiver of fees associated with the Charitable Gaming Event Application. Attach any supporting documentation explaining the hardship or special circumstances that justify the fee waiver.

Applications for Charitable Gaming Licenses and Charitable Gaming Facility Licenses must be submitted to the Gaming Commission at least forty-five (45) days prior to the first day on which the Charitable Organization intends to conduct Charitable Gaming or, in the case of Charitable Organization Employees, at least forty-five (45) days prior to the Charitable Organization Employee's participation in the conduct of Charitable Gaming.

**Section 1: Applicant Information**

- **Organization Name:** \_\_\_\_\_
- **Federal Employee Identification Number (EIN):**  
\_\_\_\_\_
- **Tax-Exempt Status:** [ ] 501(c)(3) [ ] Other:  
\_\_\_\_\_
- **Primary Contact Name:** \_\_\_\_\_
- **Contact Phone:** \_\_\_\_\_
- **Contact Email:** \_\_\_\_\_

**Section 2: Fee Waiver Request Details**

- **Type of Fee(s) for Waiver:**
  - ☐ Charitable Organization License Fee
  - ☐ Employee License Fee
  - ☐ CNGC Facility License Fee
  - ☐ Other: \_\_\_\_\_

- **Reason for Fee Waiver Request:**

☐ Financial Hardship

☐ Special Circumstances

☐ Other: \_\_\_\_\_

**Explanation:** (Provide a detailed explanation of the hardship or special circumstances that justify the fee waiver. Attach additional pages if necessary.)

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**Supporting Documentation:** (List and attach any supporting documents that provide evidence of the hardship or special circumstances.)

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### **Section 3: Certification**

I certify that the information provided in this Fee Waiver Request Form is true, complete, and accurate to the best of my knowledge. I understand that providing false information may result in the denial of the fee waiver request and potential enforcement actions.

**Authorized Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**Submission Instructions:** Submit the completed Fee Waiver Request Form and supporting documentation along with your Charitable Gaming Event Application to: Cherokee Nation Gaming Commission P.O. Box 627, Tahlequah, OK 74465 or [charitable-gaming@cherokee.org](mailto:charitable-gaming@cherokee.org).