

**KANSAS DEPARTMENT OF REVENUE
RAFFLE LICENSE APPLICATION**

IMPORTANT: Save time and paper by filing electronically. See the electronic file and pay options available by visiting our website at <https://www.kdor.ks.gov/apps/kcsc>.

License for Fiscal Year _____ (License will be valid July 1, or date of issuance, through June 30.)

Select One:

- New License Application
- Renewal License Application Raffle License Number: _____

Non-Profit Organization Information (As listed with IRS):

1. Organization's Federal Employer Identification Number (FEIN): _____
2. Organization's Name: _____
3. Organization's Daytime Phone Number: _____
4. Mailing Address: _____

Street
City
State
Zip
5. Type of Non-Profit: Charitable Educational Fraternal Religious Veteran
6. Does this organization have proof of IRS approved non-profit status? Yes No Pending

Select One:

Estimate your gross receipts for raffle ticket sales for the fiscal year July 1 through June 30. Gross receipts of \$25,000 or less per fiscal year will not require a raffle license.

- Gross receipts exceed \$25,000 but do not exceed \$50,000 (**License Fee: \$25**)
- Gross receipts exceed \$50,000 but do not exceed \$75,000 (**License Fee: \$50**)
- Gross receipts exceed \$75,000 but do not exceed \$100,000 (**License Fee: \$75**)
- Gross receipts exceed \$100,000 (**License Fee: \$100**)

Date you want license to become active (mm/dd/yyyy): _____

Raffle Organization's Information (DBA): Check this box if phone number and mailing address are the same as above.

7. Raffle Organization Name: _____
8. Raffle Organization's Daytime Phone Number: _____
9. Mailing Address: _____

Street
City
State
Zip
10. Does the organization have by-laws? Yes No Pending
11. Has your organization been in existence for 18 months or longer? Yes No
12. Has your organization ever been issued any type of Charitable Gaming license? No Yes
 If yes, provide license information or business information: _____

13. Has your organization ever been denied a license or had a license revoked, or suspended? Yes No
 If yes, enter the business and license information, date and reason for denial, revocation or suspension:

Presiding Officer Information:

Name: _____ Title: _____

Daytime Phone: _____ Social Security Number: _____ Date of Birth: _____

Date Assumed Office: _____ Email Address: _____

Mailing Address: _____
Street City State Zip

Has this person been convicted of or pleaded guilty to or pleaded no contest to a violation of gambling laws of the U.S. or have forfeited bond to appear in court to answer charges for any such violation, or have been convicted or pleaded guilty or pleaded no contest to the violation of any law of this or any other state which is classified as a felony under the laws of such state? No Yes
If yes, provide the name of each person and the particulars on a separate page and enclose it with this application.

Secretary Information:

Name: _____ Daytime Phone: _____

Social Security Number: _____ Date of Birth: _____

Date Assumed Office: _____ Email Address: _____

Mailing Address: _____
Street City State Zip

Has this person been convicted of or pleaded guilty to or pleaded no contest to a violation of gambling laws of the U.S. or have forfeited bond to appear in court to answer charges for any such violation, or have been convicted or pleaded guilty or pleaded no contest to the violation of any law of this or any other state which is classified as a felony under the laws of such state? No Yes
If yes, provide the name of each person and the particulars on a separate page and enclose it with this application.

Raffle Coordinator Information:

Name: _____ Daytime Phone: _____

Social Security Number: _____ Date of Birth: _____

Date Assumed Office: _____ Email Address: _____

Mailing Address: _____
Street City State Zip

Has this person been convicted of or pleaded guilty to or pleaded no contest to a violation of gambling laws of the U.S. or have forfeited bond to appear in court to answer charges for any such violation, or have been convicted or pleaded guilty or pleaded no contest to the violation of any law of this or any other state which is classified as a felony under the laws of such state? No Yes
If yes, provide the name of each person and the particulars on a separate page and enclose it with this application.

Contact Person Information:

Name: _____ Title: _____

Daytime Phone: _____ Email Address: _____

Raffle Drawings:

A) First Date of Ticket Sales (mm/dd/yyyy): _____ Date of Raffle Drawing (mm/dd/yyyy): _____

Location Address: _____
Street City State Zip

B) First Date of Ticket Sales (mm/dd/yyyy): _____ Date of Raffle Drawing (mm/dd/yyyy): _____

Location Address: _____
Street City State Zip

C) First Date of Ticket Sales (mm/dd/yyyy): _____ Date of Raffle Drawing (mm/dd/yyyy): _____

Location Address: _____
Street City State Zip

Under penalties of perjury, I declare that I have examined this application and to the best of my knowledge and belief it is correct and complete. I will comply with all of the provisions of the Kansas Charitable Gaming Act and the regulations adopted under such act.

Presiding Officer Signature

Secretary Signature

Printed Name

Date

Printed Name

Date

GENERAL INFORMATION

COMPLETED APPLICATION AND FEE: Mail your completed application, fee and any documentation to:

Kansas Department of Revenue
Charitable Gaming
120 SE 10th Ave
PO Box 750680
Topeka KS 66625-0680

Save time and paper by filing electronically. See the electronic file and pay options available to by visiting our website at <https://www.kdor.ks.gov/apps/kcsc>.

If you have questions you may call 785-368-8222 or email kdor_bingo@ks.gov. Information can be faxed to 785-296-4993.

RAFFLE: Renewals for all charitable gaming licenses are the same as the original license. All charitable gaming licenses expire yearly on June 30.

INSTRUCTIONS

LICENSE YEAR: Raffle licenses are valid July 1, or issuance date, through June 30. Enter the fiscal year for which you are submitting your application.

APPLICATION TYPE: Check either "New License Application" or "Renewal License Application". All questions must be completed. The Department reserves the right to request additional information or deny the application. The organization must inform the department within 30 days of any changes in the information supplied in its most recent application filed with the department. The raffle license will expire June 30.

NON-PROFIT ORGANIZATION INFORMATION:

Line 1. Enter your FEIN here or if you do not have an FEIN, you can obtain one from the IRS by going to www.irs.gov.

Line 2. Enter the organization's name.

Line 3. Enter the organization's daytime phone number.

Line 4. Enter the organization's mailing address.

Line 5. Check the appropriate box for the organization's non-profit type. Check only one.

Line 6. Check the appropriate box. If the organization is in the process of applying to the IRS, check "Pending".

ESTIMATED GROSS RECEIPTS: Select the amount of estimated gross receipts for the fiscal year in which you are applying or renewing. Remember to include the license fee with your application or renewal. Only those nonprofit charitable organizations that have raffle gross receipts exceeding \$25,000 shall apply for a raffle license. Enter the date that you want this license to become active.

RAFFLE ORGANIZATION'S INFORMATION:

Line 7. Enter the Raffle Organization's name.

Line 8. Enter the Raffle Organization's daytime phone number. including any extension.

Line 9. Enter the Raffle Organization's mailing address where we can send notices.

Line 10. Check the appropriate box. If the organization is in the process of creating by-laws check "pending".

Line 11. Check "yes" if your organization has been in existence for 18 months or longer. Otherwise, check "no".

Line 12. Check the appropriate box. If your organization has ever been issued any type of Charitable Gaming license. If "yes", enter the name of the business or entity and license number.

Line 13. Check the appropriate box if your organization has ever been denied, revoked or suspended. If "yes", enter the name of the business or entity and license information along with the date and reason for denial, revocation or suspension.

PRESIDING OFFICER INFORMATION: Enter the full name, title, daytime phone number, social security number, date of birth, date assumed office, email address and mailing address. Check the appropriate box regarding legal violations. If "yes" is selected you must provide details.

SECRETARY INFORMATION: Enter the full name, daytime phone number, social security number, date of birth, date assumed office, email address and mailing address. Check the appropriate box regarding legal violations. If "yes" is selected you must provide details.

RAFFLE COORDINATOR INFORMATION: Enter the full name, daytime phone number, social security number, date of birth, date assumed office, email address and mailing address. Check the appropriate box regarding legal violations. If "yes" is selected you must provide details.

CONTACT PERSON INFORMATION: Enter the full name, title, daytime phone number and email address of the person that can be contacted regarding your account.

RAFFLE DRAWINGS: Enter the first date of ticket sales, date of the raffle drawing and the location where the raffle drawing will be held. Attach additional pages if more space is needed.

SIGNATURE REQUIRED: This must be completed with the knowledge and consent of both the Presiding Officer and the Secretary of the organization whether a new or renewal application is being filed.