

# RENEWAL APPLICATION FOR BINGO PREMISES

KANSAS DEPARTMENT OF REVENUE  
 Charitable Gaming  
 Docking State Office Building - Room 214  
 915 SW Harrison Street  
 Topeka, Kansas 66625-3512  
 Phone: 785-296-6127 / Facsimile: 785-296-7185

FOR OFFICE USE ONLY	
FEE	<b>\$100.00</b> Statutory Registration Fee
PREMISE NO.	_____
APPR.	/ISSUED

<p>1. Lessor's Name and Mailing Address :                  (For notices and correspondence)</p>	<p>2. Address of location where bingo games will be conducted:</p>
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3. Federal Employer Identification Number (FEIN) \_\_\_\_\_ (If none, then so indicate.)

4. Lessor's business telephone number: Area Code ( \_\_\_\_\_ ) \_\_\_\_\_

5. Type of business entity:  Sole Proprietorship  Partnership  Corporation  
 If incorporated, enter the date and state of incorporation: \_\_\_\_\_

6. Do you currently operate any other premises used for the conduct of bingo games in Kansas?  No  Yes  
 If yes, list the name, address and registration number of each premises:  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Do you operate a concession stand at this location?  No  Yes  
 If yes, enter your Kansas **sales tax** registration number: \_\_\_\_\_

8. Enclose a sample copy of the written lease agreement which you are using for leasing this premises to licensed organizations during the next twelve months.

9. Are you the exclusive legal owner of the property where the bingo games will be conducted?  No  Yes  
 If not, then provide the legal name and mailing address of each person, partnership or corporation which has an ownership interest in the property:  
 \_\_\_\_\_  
 \_\_\_\_\_

10. List the name and bingo license number of each organization that is currently leasing this premises from you for the conduct of bingo games. Also list the days of the week that each is conducting bingo games:

Name of Organization	Bingo License No.	Day(s) of the Week Playing

