



14. Does your organization have a tax-exempt ruling from the Internal Revenue Service?  No  Yes If yes, enclose a copy of most recent IRS letter verifying such ruling. If your organization is covered by a group ruling issued to a national, state or other parent organization, then enclose a letter from the state or parent organization verifying that fact.
15. Has your organization ever been issued a bingo license?  No  Yes If yes, list the license number and date of issue: License No. \_\_\_\_\_ Date issued: \_\_\_\_\_
16. Has your organization ever been denied a bingo license or had a bingo license revoked?  No  Yes If yes, indicate date and reason for denial or revocation: \_\_\_\_\_
17. List in the space below the following persons, whether or not they are directly involved with the conduct of bingo games:  
 (a) All directors and principal officers of your organization.  
 (b) All paid employees of your organization who are or will be working at the premises where bingo games are conducted, whether or not they are also members of your organization.

| Social Security Number <b>MUST</b> be Listed | Full Legal Name | Title or Position | Complete Home Address (including city) | Complete Date of Birth (Month, <b>DAY</b> , and Year) |  |  |
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18. Has any of the persons listed above been convicted of, pleaded guilty to or pleaded nolo contendere (no contest) to violation of any gambling laws of any state or the United States or violation of any felony of this or any other state, or forfeited bond to appear in court to answer charges for violation of the gambling laws of any state or the United States?  No  Yes  
 If yes, list name of each such person and particulars of conviction or bond forfeiture on a separate page and enclose with this application.
19. Has any person who is or will be participating in the management, conduct or operation of bingo games by this organization been convicted of or pleaded guilty or nolo contendere (no contest) to any felony or illegal gambling activity or purchased a tax stamp for wagering or gambling activity?  No  Yes If yes, list name of person or persons, home address, date of birth, and particulars of offense or offenses on a separate page and enclose with this application.

**VERIFICATION OF OFFICERS OF ORGANIZATION - MUST BE SIGNED AND NOTARIZED**

STATE OF KANSAS )  
 ) ss:  
 COUNTY OF \_\_\_\_\_ )

We, the undersigned, of lawful age, being first duly sworn, upon our oaths state:

That we are the presiding officer and secretary, respectively, of the above-named organization making application for a bingo license; that our organization is a bona fide, non-profit organization of a type defined by K.S.A. 79-4701 and is authorized to operate within the State of Kansas; that we have read and know the contents of the foregoing Initial Application for Bingo License; and that all of the answers and information provided therein are true, correct and complete.

\_\_\_\_\_  
 Signature of Presiding Officer

\_\_\_\_\_  
 Typed or Printed Name of Presiding Officer

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Signature of Secretary

\_\_\_\_\_  
 Typed or Printed Name of Secretary

\_\_\_\_\_  
 Title

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My Appointment Expires: \_\_\_\_\_

\_\_\_\_\_  
 Notary Public