



Charitable Gaming
Kansas Department of Revenue
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BINGO LICENSEE'S REPORT OF CHANGE IN OFFICERS, DIRECTORS, OFFICIALS OR PERSONS EMPLOYED ON BINGO PREMISES

Instructions: Use this form to update information previously submitted to us on your license application or this form.

1. Name of organization and location of bingo games as they appear on your bingo license:

Three horizontal lines for text entry.

2. Bingo license number: \_

3. The following are changes in the names of officers, directors or officials of this organization and all other persons who are or will be employed by this organization on the premises where bingo games will be conducted, whether or not they are members of this organization, and whether or not directly involved with the conduct of bingo games:

ADDITIONS

Table with 5 columns: Title or Position, Full Name, Home Address, SSN, Date of Birth. Multiple rows for data entry.

DELETIONS

Table with 3 columns: Title or Position, Full Name, Home Address. Multiple rows for data entry.

4. Has any of the persons listed above under "Additions" 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 attach to this application.

**VERIFICATION OF OFFICERS OF ORGANIZATION**

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; that we have read and know the contents of the above and foregoing Bingo Licensee's Report of Change in Officers, Directors, Officials or Persons employed on Bingo Premises; and that all of the answers and information provided therein are true, correct and complete.

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

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

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

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

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Title

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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

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