

INITIAL APPLICATION FOR REGISTRATION OF BINGO PREMISES

KANSAS DEPARTMENT OF REVENUE
 Charitable Gaming - Room 214
 915 SW Harrison Street
 Topeka, Kansas 66625-3512
 Phone: 785-296-6127

**See the Kansas Bingo Handbook, Section II - Registered Premises -
 Pages 1 and 2 for information about the application process.
 Mail the completed application and \$100 fee to the address above.**

FOR OFFICE USE ONLY	
FEE	\$100.00 Statutory Registration Fee
REGISTRATION NO:	_____
APPROVED BY:	_____
DATE ISSUED:	_____

1. Lessor's name and mailing address for notices:

Name _____

Street, Route or P.O. Box No. _____

City _____ State _____ Zip _____

2. Exact address where bingo games will be conducted:

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: _____ Enclose a copy of the Articles of Incorporation.
6. Do you now own or lease any other premises used for the conduct of Bingo? No Yes If yes, list addresses of each:

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

8. Have you or any current business associate or employee ever previously applied for a bingo premises certificate of registration?
 No Yes If yes, indicate date and address of the premises applied for, and if a certificate of registration was issued, the registration number: _____
9. Attach a sample copy of the written lease agreement which you are using for leasing this premises during the next twelve months. The lease agreement must conform to the requirements listed in Section II and Form BI-55 in the Kansas Bingo Handbook.
10. Are you the exclusive legal owner of the premises being registered? No Yes If any of such owners is a partnership or corporation, then list the partnership or corporate name here:

11. List the name, bingo license number, and days of the week scheduled for each organization that is or will be leasing this premises from you for the conduct of bingo games:

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

