

KANSAS DEPARTMENT OF REVENUE
CHECKLIST FOR APPROVAL OF INITIAL BINGO LICENSE

Name of licensed organization _____

City _____ County _____

Date Received _____

____ The Initial Application for Bingo License (BI-60) is completed and notarized

____ Payment of an application fee of \$25

____ Copy of the organization's current IRS tax exempt ruling letter. If your organization is part of a state or national organization, a copy of that organization's IRS group ruling letter is sufficient if it covers the local organization. If organization doesn't have a ruling letter, then it must apply and provide a copy to the Administrator to review.

____ If the organization is leasing facilities in which to conduct the game, a copy of the lease agreement must be provided. Verify that the facility holds a current registered bingo premises certificate.

____ If organization is chartered by a state or national organization, a copy of that charter must be provided. (or verify with their state headquarters that organization is chartered and in good standing.

____ If organization is incorporated, then they must provide a copy of the Articles of Incorporation, including the Certificate of Incorporation issued by the Kansas Secretary of State, and a current Certificate of Good Standing from the Kansas Secretary of State. Call them at 785-296-4564. The certificate can also be obtained over the internet at www.kssos.org. The charge of \$12.50 can be paid by credit card and the certificate printed from the website.

____ Provide a copy of the by-laws and other documents describing the organization's purpose, organizational structure, how the officers are selected and requirements for membership.

____ Provide proof that the organization has been in continuous existence and functioning for at least 18 months. The best way to prove this is to provide copies of the organization's bank account statements for the past 18 months, showing regular income and expenditures during the 18 months preceding license application. Statute provides that nonprofit adult care homes are exempt from this requirement.

This form can be faxed to 785-296-4993. If you have questions call 785-368-8222 or go to our website at: <https://www.ksrevenue.gov/bustaxtypesbingo.html>.