

INITIAL APPLICATION FOR REGISTRATION OF BINGO DISTRIBUTOR

KANSAS DEPARTMENT OF REVENUE

Charitable Gaming

120 SE 10th Ave

PO Box 758573

Topeka, Kansas 66675-8573

Phone: 785-368-8222 Facsimile: 785-296-4993

Website: <http://ksrevenue.org/bustaxtypesbingo.html>

FOR OFFICE USE ONLY

FEE **\$500 Reg. Fee + \$1,000 Tax Bond**
Statutory Registration Fee

DISTRIBUTOR NO. _____

APPR. _____ ISSUED _____

1. Business Name and Mailing Address for Notices and Forms:

Name _____

Street or Route _____

City _____

State _____

ZIP _____

2. Actual business location address:

Street or Route _____

City _____

State _____

ZIP _____

3. Business's Office or Business Phone Number (include area code): _____

4. Business's Federal Employer Identification Number (FEIN): _____

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 if this is your initial application or if you have incorporated since the last time you renewed.

6. List names and addresses of all offices, manufacturing and storage locations where your bingo records of sales to Kansas licensees are kept and locations which will be involved in distributing disposable paper bingo cards or instant bingo tickets in Kansas. Use a separate sheet if necessary:

Name	Complete Address

7. Full name, mailing address, and telephone number of person who will maintain records of sales of disposable paper cards and instant bingo tickets in Kansas:

Name _____ Phone Number _____

Complete Address _____

8. If owner(s) or corporate officers are not residents of Kansas, list name and address of the person within the state of Kansas authorized to receive service of legal process:

Name _____ Phone Number _____

Complete Address _____

9. Ownership Information - List the name, address, social security number, complete date of birth, home telephone number and title of all owners, partners, corporate officers or directors. Enclose a separate sheet if necessary:

a) Name _____ SSN _____ DOB _____

Complete Home Address _____

Home Phone Number _____ Ownership Title _____

b) Name _____ SSN _____ DOB _____

Complete Home Address _____

Home Phone Number _____ Ownership Title _____

c) Name _____ SSN _____ DOB _____

Complete Home Address _____

Home Phone Number _____ Ownership Title _____

d) Name _____ SSN _____ DOB _____

Complete Home Address _____

Home Phone Number _____ Ownership Title _____

10. Employee Information - List the name, address, social security number, complete date of birth, home telephone number and title of each employee of the applicant, including salespeople operating as independent contractors or subcontractors of the applicant. Enclose a separate sheet if necessary:

a) Name _____ SSN _____ DOB _____
 Complete Home Address _____
 Home Phone Number _____ Employment Title _____

b) Name _____ SSN _____ DOB _____
 Complete Home Address _____
 Home Phone Number _____ Employment Title _____

c) Name _____ SSN _____ DOB _____
 Complete Home Address _____
 Home Phone Number _____ Employment Title _____

d) Name _____ SSN _____ DOB _____
 Complete Home Address _____
 Home Phone Number _____ Employment Title _____

11. Has any of the persons listed in items 9 and 10 been convicted of, pleaded guilty to, or pleaded nolo contendere (no contest) to, any felony or illegal gambling violation in any state or the United States or any other country? No Yes If yes, list name of each such person and particulars on a separate page and enclose with to this application.

Name _____
 Particulars (list any charges/convictions, dates) _____

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VERIFICATION OF BINGO DISTRIBUTOR - MUST BE SIGNED AND NOTARIZED

STATE OF KANSAS)
) ss:
 COUNTY OF _____)

The undersigned, of lawful age, being first duly sworn, upon his or her oath, states:

That the undersigned has read and knows the contents of the above Initial Application for Bingo Card Distributors and that the answers and information provided therein are true, correct and complete.

 Signature of Owner, Partner or Corporate Officer

 Typed or Printed Name

 Title

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20 _____

 Notary Public

My Appointment Expires _____