

8. Information about the person in charge of your organization's bingo operations:

	Current	Corrections
Name		
Title		
Phone Number		
Fax Number		
Email Address		
Social Security Number		
Date of Birth		

9. Information about the presiding officer of your organization:

	Current	Corrections
Name		
Title		
Phone Number		
Social Security Number		
Date of Birth		

10. Has any officer, director or official of your organization, or any person employed by your organization on the premises where bingo games are conducted 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 any 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 to this application.

11. 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.

12. Will the organization be selling instant bingo tickets from a vending machine? No Yes

If yes, enter the number of vending machines: _____

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 Renewal 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

 Signature of Secretary

 Typed or Printed Name of Secretary

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

 Notary Public

My Appointment Expires _____