

# RENEWAL APPLICATION FOR BINGO PREMISES

KANSAS DEPARTMENT OF REVENUE  
 Charitable Gaming  
 Docking State Office Building  
 915 SW Harrison Street  
 Topeka, Kansas 66612-1588  
 Phone: 785-368-8222 Facsimile: 785-296-4993  
 Website: <http://ksrevenue.org/bustaxtypesbingo.html>

FOR OFFICE USE ONLY

FEE **\$100**  
 Statutory Registration Fee

REGISTRATION NO. \_\_\_\_\_

APPR. \_\_\_\_\_ ISSUED \_\_\_\_\_

**Renewal Application**

**Discontinuation of Business**

Date Business Ceased: \_\_\_\_\_

1. Organization's Name and Mailing Address for Notices and Forms:

Name \_\_\_\_\_

Street or Route \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

2. Exact address where bingo games will be conducted:

Street or Route \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

3. Lessor's License Number: \_\_\_\_\_

4. Lessor's Office or Business Phone Number (include area code): \_\_\_\_\_

5. Lessor's Federal Employer Identification Number (FEIN): \_\_\_\_\_

6. Type of business entity:  Sole Proprietorship  Partnership  Corporation If incorporated, enter the date and state of incorporation: \_\_\_\_\_

7. Do you currently operate any other premises used for the conduct of bingo games in Kansas?  No  Yes If yes, list the name, address and registration number of each premises: \_\_\_\_\_

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

9. Enclose a sample copy of the written lease agreement which you are using for leasing this premises to licensed organizations during the next twelve months.

10. List the name and bingo license number of each organization that is currently leasing this premises from you for the conduct of bingo games. Also list the days of the week that each is conducting bingo games

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

11. List the full name, home address and date of birth for each of the following persons involved with the premises to be registered:
- Each individual owner and lessor.
  - If the owner or lessor is a partnership, list each partner.
  - If the owner or lessor is a corporation, list each officer and each stockholder who owns 10 percent or more of the capital stock of the corporation.
  - Each person who will be involved with the premises as a paid employee of the owner or lessor or as an independent contractor, in a management, maintenance, cleaning, security, sales or other capacity.

Social Security Number (Must be listed)	Full Name/ Type of Involvement (Owner, lessor, employee, etc.)	Complete Home Address (Street, city, state and ZIP)	Complete Date of Birth (MM-DD-YYYY)

(Enclose a separate sheet if more space is needed)

**VERIFICATION OF PREMISES LESSOR - 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 is the lessor of the premises above described; has read and knows the contents of the above and foregoing Renewal Application for Registration of Bingo Premises; and that the answers and information provided therein are true, correct and complete.

\_\_\_\_\_  
 Signature of Lessor

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Typed or Printed Name of Lessor

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

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

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