

INITIAL APPLICATION FOR BINGO LICENSE

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 \$25
 Statutory Registration Fee

BINGO LICENSE NO. _____

APPR. _____ ISSUED _____

See the Kansas Bingo Handbook, Section I - Licensed Organizations - Pages 1 and 2 for information about the application process. Mail the completed application and \$25 fee to the address above.

1. Organization's Name and Mailing Address for Notices and Forms:	2. Exact address where bingo games will be conducted:
<p>Name _____</p> <p>Street or Route _____</p> <p>City _____ State _____ ZIP _____</p>	<p>Street or Route _____</p> <p>City _____ State _____ ZIP _____</p>

3. Organization's Federal Employer Identification Number (FEIN): _____

4. Organization's office or business phone number (include area code): _____

5. Member of your organization that we may contact regarding conduct of bingo games and review of records:

Name	Title	Daytime Phone Number
Email Address		FAX Number

6. Will bingo games be conducted on leased or rented premises? No Yes If yes, list lessor's bingo premises name and registration number: _____ Enclose a copy of your lease agreement.

7. Which days of the week or month will bingo games be conducted?

Exact time of day when you will start conducting bingo games: Mini games: _____ Regular games: _____

List any months of the year when you will NOT be conducting bingo games: _____

8. Is your organization registered to collect and remit Kansas sales tax at the location where bingo games will be conducted?

No Yes If yes, enter your sales tax registration number: _____

9. Type of non-profit organization—check one: Religious Educational Charitable Veterans Fraternal

10. Type of organizational entity and affiliation (check as many as apply):

Local organization is a non-profit corporation. Indicate date and state of incorporation: _____

Local organization is an unincorporated, independent association or club.

Local organization is chartered by or affiliated with a state, regional or national organization. Name and address of chartering or parent organization: _____

11. Number of months or years that your local organization has been in existence in Kansas: _____ (This applies to your specific local organization, not to any national or state organization with which you may be affiliated.)

12. Is membership in your organization denied to any person for reasons of race, color or physical handicap? No Yes

13. Attach a list of all current members of your organization, including their full legal name, complete address and date they became a member. Are your members required to pay dues? No Yes

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

If yes, enter the number of vending machines: _____

15. Does your organization have a tax-exempt ruling from the Internal Revenue Service? No Yes If yes, enclose a copy of most recent IRS letter verifying such ruling. If your organization is covered by a group ruling issued to a national, state or other parent organization, then enclose a letter from the state or parent organization verifying that fact.
16. Has your organization ever been issued a bingo license? No Yes If yes, list the license number and date of issue:
 License No.: _____ Date issued: _____
17. Has your organization ever been denied a bingo license or had a bingo license revoked? No Yes If yes, indicate date and reason for denial or revocation: _____
18. List in the space below the following persons, whether or not they are directly involved with the conduct of bingo games:
 (a) All directors and principal officers of your organization.
 (b) All paid employees of your organization who are or will be working at the premises where bingo games are conducted, whether or not they are also members of your organization.

Social Security Number (Must be listed)	Full Legal Name	Title or Position	Complete Home Address (Street, city, state and ZIP)	Complete Date of Birth (MM-DD-YYYY)

19. Has any of the persons listed above 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 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 this application.
20. 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.
21. If the licensee qualifies for a bingo trust account the organization must provide the name and the account number.

 Name of Financial Institution

 Account Number

VERIFICATION OF OFFICERS OF ORGANIZATION - MUST BE SIGNED AND NOTARIZED

STATE OF KANSAS)
)
 COUNTY OF _____) ss:

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 Initial Application for Bingo License; and that all of the answers and information provided therein are true, correct and complete.

 Signature of Presiding Officer

 Signature of Secretary

 Typed or Printed Name of Presiding Officer

 Typed or Printed Name of Secretary

 Title

 Title

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

 Notary Public

My Appointment Expires _____