

KANSAS DEPARTMENT OF REVENUE
BINGO ORGANIZATION LICENSE APPLICATION

IMPORTANT: Save time and paper by filing electronically. See the electronic file and pay options available by visiting our website at https://www.kdor.ks.gov/apps/kcsc.

License for Fiscal Year \_\_\_\_\_ (License will be valid July 1, or date of issuance, through June 30)

Select One:

- New License Application
Renewal License Application Bingo License Number: \_\_\_\_\_

Nonprofit Organization Information (As listed with IRS):

- 1. Nonprofit Organization's Federal Employer Identification Number (FEIN): \_\_\_\_\_
2. Nonprofit Organization's Name: \_\_\_\_\_
3. Nonprofit Organization's Daytime Phone Number: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_ Street City State Zip
5. Type of Nonprofit: Charitable Educational Fraternal Religious Veteran
6. Does this organization have IRS approved non-profit status? Yes No Pending

Bingo Organization Information (DBA): Check this box if the phone number and mailing address are the same as above.

- 7. Date you want license to become active (mm/dd/yyyy): \_\_\_\_\_
8. Bingo Organization's Name: \_\_\_\_\_
9. Bingo Organization's Daytime Phone Number: \_\_\_\_\_
10. Physical Address: \_\_\_\_\_ Street City State County Zip
11. Mailing Address: \_\_\_\_\_ Street City State Zip
12. Does the organization have by-laws? Yes No Pending
13. Has your organization been in existence for 18 months or longer? Yes No
14. Is membership in your organization denied to any person for reasons of race, color or physical handicap? Yes No
15. Has your organization ever been issued any type of Charitable Gaming License? No Yes
If yes, provide the following where applicable:

Federal Employer Identification Number: \_\_\_\_\_ License Number: \_\_\_\_\_
Business Name: \_\_\_\_\_

- 16. Has your organization ever been denied a license or had a license revoked or suspended for any type of Charitable Gaming License? No Yes If yes, provide the following where applicable:

Federal Employer Identification Number: \_\_\_\_\_ License Number: \_\_\_\_\_
Business Name: \_\_\_\_\_

Date and reason for denial, revocation or suspension: \_\_\_\_\_

- 17. Will the organization be selling instant bingo tickets from a vending machine? No Yes
If yes, enter the number of vending machines: \_\_\_\_\_

**Presiding Officer Information:**

Name: \_\_\_\_\_ Date Assumed Office: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Street City State Zip

Has this person been convicted of or pleaded guilty to or pleaded no contest to a violation of gambling laws of the U.S. or have forfeited bond to appear in court to answer charges for any such violation, or have been convicted or pleaded guilty or pleaded no contest to the violation of any law of this or any other state which is classified as a felony under the laws of such state?  No  Yes  
If yes, provide the name of each person and the particulars on a separate page and enclose it with this application.

**Secretary Information:**

Name: \_\_\_\_\_ Date Assumed Office: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Street City State Zip

Has this person been convicted of or pleaded guilty to or pleaded no contest to a violation of gambling laws of the U.S. or have forfeited bond to appear in court to answer charges for any such violation, or have been convicted or pleaded guilty or pleaded no contest to the violation of any law of this or any other state which is classified as a felony under the laws of such state?  No  Yes  
If yes, provide the name of each person and the particulars on a separate page and enclose it with this application.

**Contact Person Information:**

Name: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Bingo Play Information:**

Physical Address Where Games Will Be Played: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State County Zip

Is your organization registered to collect and remit Kansas sales tax on this location?  Yes  No

If yes, enter your KS Sales Tax Account Number: \_\_\_\_\_

Is this a leased or rented premises?  No  Yes If yes, provide premises registration number: \_\_\_\_\_

Select game type and enter how often the games are played along with start time:

		<u>Weekly Games</u>		<u>Monthly Games</u>	
		Day game is played:	Start Time:	Day game is played:	Start Time:
<input type="checkbox"/> Mini Games	<input type="checkbox"/> Regular Games	_____	_____	_____	_____
<input type="checkbox"/> Mini Games	<input type="checkbox"/> Regular Games	_____	_____	_____	_____
<input type="checkbox"/> Mini Games	<input type="checkbox"/> Regular Games	_____	_____	_____	_____
<input type="checkbox"/> Mini Games	<input type="checkbox"/> Regular Games	_____	_____	_____	_____
<input type="checkbox"/> Mini Games	<input type="checkbox"/> Regular Games	_____	_____	_____	_____
<input type="checkbox"/> Mini Games	<input type="checkbox"/> Regular Games	_____	_____	_____	_____
<input type="checkbox"/> Mini Games	<input type="checkbox"/> Regular Games	_____	_____	_____	_____
<input type="checkbox"/> Mini Games	<input type="checkbox"/> Regular Games	_____	_____	_____	_____
<input type="checkbox"/> Mini Games	<input type="checkbox"/> Regular Games	_____	_____	_____	_____





## GENERAL INFORMATION

To save postage this application and the payment of fees due to the Kansas Department of Revenue can be completed at: [https:// www.kdor.ks.gov/apps/kcsc](https://www.kdor.ks.gov/apps/kcsc), or you can mail your completed application, fee and any documentation to:

Kansas Department of Revenue  
Charitable Gaming  
120 SE 10th Ave  
PO Box 750680  
Topeka KS 66625-0680

The following steps are required to license a bingo organization.

- Complete a Bingo Organization License Application.
- Pay a \$25 application fee by check or money order.

Upon approval, each bingo organization is assigned a bingo registration number and issued a Kansas Bingo Organization license certificate.

In order to receive a license by your requested start date, you must apply at least 14 business days in advance, otherwise we cannot guarantee your application will be approved and certificated mailed by your requested start date.

**Contact Information:** If you have questions you may call 785-368-8222 or email [kdor\\_bingo@ks.gov](mailto:kdor_bingo@ks.gov). Information can be faxed to 785-296-4993.

## LICENSING REQUIREMENTS AND PROCESS

To be eligible for a bingo license, an organization must meet all of the following requirements:

- Be a nonprofit religious, charitable, fraternal, educational or veterans organization with a tax-exempt ruling from the Internal Revenue Service.
- Have been in continuous existence in Kansas for at least 18 months prior to applications
- None of the officers, directors or officials of the organization, or any person employed on the premises where the bingo games are to be conducted, has been convicted of a felony or gambling violation in Kansas or any other jurisdiction.
- Membership in the organization is open to a person of any race, color or physical handicap.

No person involved in the operation of bingo games for the licensed organization may receive any compensation or profit from such activity. However, an employee of the organization may assist with bingo.

Each organization may have only one active license at a time. Organizations which are affiliated with or subordinate to each other must have different membership requirements.

Bingo licenses expire on June 30 and must be renewed annually. Renewals online are the quickest method of completing the process.

## LINE BY LINE INSTRUCTIONS

**LICENSE YEAR:** Bingo licenses are valid July 1, or date of issuance, through June 30. Enter the fiscal year for which you are submitting your application.

**APPLICATION TYPE:** Check either “New License Application” or “Renewal License Application”. If “Renewal License Application” is selected, enter the Bingo License Number. All questions must be completed. The Department reserves the right to request additional information or deny the application. The organization must inform the department immediately of any changes in the information supplied in its most recent application filed with the department. The bingo license will expire June 30.

## NON-PROFIT ORGANIZATION INFORMATION

**Line 1.** Enter the Nonprofit organization’s FEIN here, or if you do not have an FEIN, you can obtain one from the IRS by going to [www.irs.gov](http://www.irs.gov).

**Line 2.** Enter the Nonprofit Organization’s name.

**Line 3.** Enter the Nonprofit Organization’s daytime phone number.

**Line 4.** Enter the Nonprofit Organization’s mailing address.

**Line 5.** Check the appropriate box for the organization’s nonprofit type and only check one.

**Line 6.** Check the appropriate box. If the Nonprofit Organization is in process of applying to the IRS, check “Pending”.

## LINE BY LINE INSTRUCTIONS CONTINUED

### BINGO ORGANIZATION INFORMATION

**Line 7.** Enter the date you want your license to become effective

**Line 8.** Enter the Bingo Organization's name.

**Line 9.** Enter the Bingo Organization's daytime phone number.

**Line 10.** Enter the physical location where your organization regularly conducts business which may or may not be the location of game play.

**Line 11.** Enter the mailing address for your organization where we can send notices.

**Line 12.** Check the appropriate box. If the organization is in the process of creating by-laws check "Pending".

**Line 13.** Check "Yes" if your organization has been in existence for 18 months or longer. Otherwise, check "No".

**Line 14.** Check "Yes" if your organization denies membership to any person for race, color or physical handicap. Otherwise, check "No".

**Line 15.** Check the appropriate box if your organization has ever been issued any type of Charitable Gaming license. If "Yes", enter the Federal Employer Identification Number, License Number and name of the business.

**Line 16.** Check the appropriate box if your organization has ever been denied, revoked or suspended. If "Yes", enter the Federal Employer Identification Number, License Number and name of the business. Then, enter the date and the reason for denial, revocation or suspension.

**Line 17.** Check the appropriate box if you will be selling instant bingo tickets from a vending machine.

**PRESIDING OFFICER INFORMATION:** Enter the name, date assumed office, date of birth, social security number, daytime phone number, email address, and home address. Check the appropriate box regarding legal violations. If this box is checked yes, send an explanation of the legal action along with the date in which the legal action occurred.

**SECRETARY INFORMATION:** Enter the name, date assumed office, date of birth, social security number, daytime phone number, email address, and home address. Check the appropriate box regarding legal violations. If this box is checked yes, send an explanation of the legal action along with the date in which the legal action occurred.

**CONTACT PERSON INFORMATION:** Enter the full name, daytime phone number and email address.

**BINGO PLAY INFORMATION:** Enter the physical address where the bingo games will be held. Answer the questions regarding registration information for collecting sales tax and leasing or rental of premises. Select the type of game(s) to be held, how often the games will be played along with start times. Attach additional pages if more space is needed.

**NONPROFIT ORGANIZATION MEMBER INFORMATION (Volunteers only):** List members that will be assisting with bingo. Check the appropriate box regarding legal violations. If this box is checked yes, send an explanation of the legal action along with the date in which the legal action occurred. Attach additional pages if more space is needed.

**OTHER OFFICER INFORMATION:** Other than the Presiding Officer and Secretary that you have already entered, list all directors and other principal officers of your organization, even if they are not directly involved with the conduct of bingo games. Check the appropriate box regarding legal violations. If this box is checked yes, send an explanation of the legal action along with the date in which the legal action occurred. Attach additional pages if more space is needed.

**EMPLOYEE INFORMATION:** List the full name, title, date of birth, social security number, daytime phone number, initial date of employment, and home address of each employee. Check the appropriate box regarding legal violations. If this box is checked yes, send an explanation of the legal action along with the date in which the legal action occurred. Attach additional pages if more space is needed.

**SIGNATURE REQUIRED:** This must be completed with the knowledge and consent of both the Presiding Officer and the Secretary of the organization whether a new or renewal application is being filed.

**The Department reserves the right to request additional documents.**