BINGO LICENSEE'S REPORT OF CHANGE IN OFFICERS, DIRECTORS, OFFICIALS OR PERSONS EMPLOYED ON 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

Use this form to update information previously submitted to us on your license application or this form. 1. Name of organization and location of bingo games as they appear on your bingo license: 2. Bingo license number: 3. The following are changes in the names of officers, directors or officials of this organization and all other persons who are or will be employed by this organization on the premises where bingo games will be conducted, whether or not they are members of this organization, and whether or not directly involved with the conduct of bingo games: **ADDITIONS** Title or position: Full name: SSN: Home address: _____ Phone: ______ Fax: _____ Date of birth: _____ Email: Title or position: _____ Full name: _____ SSN: _____ Home address: Email: Title or position: ______ Full name: ______ SSN: _____ Home address: _____ Phone: _____ Date of birth: _____ Email: Title or position: _____ Full name: _____ SSN: _____ Home address: Phone: ______ Fax: _____ Date of birth: _____

DELETIONS

Title or position	Full name	Home address	
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(no contest) to vio other state, or forfo United States? ☐	lation of any gambling laws of any eited bond to appear in court to ans No Yes If yes, list name o e and attach to this application.	" been convicted of, pleaded guilty to state or the United States or violation swer charges for violation of the gamb feach such person and particulars of	n of any felony of this or any oling laws of any state or the
OTATE OF MANOA		FICERS OF ORGANIZATION	
STATE OF KANSAS	5)) ss:)	
	ned, of lawful age, being first duly s	worn, upon our oaths state:	
know the contents of t	he above and foregoing Bingo Lice	pectively, of the above-named organizationsee's Report of Change in Officers, Design and information provided therein are	rirectors, Officials or Persons
Signature of Presiding Office	cer	Signature of Secretary	
Typed or Printed Name of I	Presiding Officer	Typed or Printed Name of Secretary	
Title			
SUBSCRIBED AND S	SWORN TO before me this	day of	, 20
		Notary Public	
My Appointment Expi	res		