

INITIAL APPLICATION FOR REGISTRATION OF 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 _____

See the Kansas Bingo Handbook, Section II - Registered Premises - Pages 1 and 2 for information about the application process. Mail the completed application and \$100 fee to the address above.

<p>1. Lessor's Name and Mailing Address for Notices and Forms:</p> <p>_____</p> <p>Name _____</p> <p>_____</p> <p>Street, Route or P.O. Box No. _____</p> <p>_____</p> <p>City _____ State _____ ZIP _____</p>	<p>2. Exact address where bingo games will be conducted:</p> <p>_____</p> <p>Street, Route or P.O. Box No. _____</p> <p>_____</p> <p>City _____ State _____ ZIP _____</p>
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3. Federal Employer Identification Number (FEIN): _____

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

5. Type of business entity—check one: Sole Proprietorship Partnership Corporation If incorporated, enter the date and state of incorporation: _____ Enclose a copy of the Articles of Incorporation.

6. Do you own or lease any other premises used for the conduct of Bingo? No Yes If yes, list lessor's bingo premises name and registration number: _____ Enclose a copy of your lease agreement.

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

8. Have you or any current business associate or employee ever previously applied for a bingo premises certificate of registration? No Yes If yes, indicate date and address of the premises applied for, and if a certificate of registration was issued, the registration number: _____

9. Attach a sample copy of the written lease agreement which you are using for leasing this premises during the next twelve months. The lease agreement must conform to the requirements listed in Section II and Form BI-55 in the Kansas Bingo Handbook.

10. Are you the exclusive legal owner of the premises being registered? No Yes If any of such owners is a partnership or corporation, then list the partnership or corporate name here: _____

11. List the name, bingo license number, and days of the week scheduled for each organization that is or will be leasing this premises from you for the conduct of bingo games:

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

