

# RENEWAL APPLICATION FOR BINGO DISTRIBUTORS

KANSAS DEPARTMENT OF REVENUE  
Charitable Gaming  
Docking State Office Building - Room 214  
915 SW Harrison Street  
Topeka, Kansas 66625-3512  
Phone: 785-6127 / Facsimile: 785-296-7185

FOR OFFICE USE ONLY	
FEE	<u>          \$500.00          </u> Statutory Registration Fee
DISTR. NO.	_____
APPR.	_____ /ISSUED_____

1. Distributor's name and mailing address:

2. **Actual business location address:**

3. Federal Employer Identification Number (FEIN). If none, then so indicate.    \_ \_ \_ \_ \_

4. List names and addresses of all offices, manufacturing and storage locations where your bingo records of sales to Kansas licensees are kept and locations which will be involved in distributing disposable paper bingo cards or instant bingo tickets in Kansas. Use a separate sheet if necessary.

5. Full name, mailing address, and telephone number of person who will maintain records of sales of disposable paper cards and instant bingo tickets in Kansas:

Name \_\_\_\_\_ Telephone No. (    ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

6. If owner(s) or corporate officers are not residents of Kansas, list name and address of the person within the state of Kansas authorized to receive service of legal process:

Name \_\_\_\_\_ Telephone No. (    ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

7. Ownership Information - List the name, address, social security number, **complete** date of birth, home telephone number and title of all owners, partners, corporate officers or directors. Enclose a separate sheet if necessary.

a) Name \_\_\_\_\_ SSN \_\_\_\_\_ - - \_\_\_\_\_ DOB \_\_\_\_\_ / / \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone (    ) \_\_\_\_\_ Ownership Title \_\_\_\_\_

b) Name \_\_\_\_\_ SSN \_\_\_\_\_ - - \_\_\_\_\_ DOB \_\_\_\_\_ / / \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone (    ) \_\_\_\_\_ Ownership Title \_\_\_\_\_

c) Name \_\_\_\_\_ SSN \_\_\_\_\_ - - \_\_\_\_\_ DOB \_\_\_\_\_ / / \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone (    ) \_\_\_\_\_ Ownership Title \_\_\_\_\_

d) Name \_\_\_\_\_ SSN \_\_\_\_\_ - - \_\_\_\_\_ DOB \_\_\_\_\_ / / \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone (    ) \_\_\_\_\_ Ownership Title \_\_\_\_\_

8. Employee Information - List the name, address, social security number, **complete** date of birth, home telephone number and title of each employee of the applicant, including salespeople operating as independent contractors or subcontractors of the applicant. Enclose a separate sheet if necessary.

a) Name \_\_\_\_\_ SSN \_\_\_\_\_ - - \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone ( ) \_\_\_\_\_ Employment Title \_\_\_\_\_

b) Name \_\_\_\_\_ SSN \_\_\_\_\_ - - \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone ( ) \_\_\_\_\_ Employment Title \_\_\_\_\_

c) Name \_\_\_\_\_ SSN \_\_\_\_\_ - - \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone ( ) \_\_\_\_\_ Employment Title \_\_\_\_\_

9. Has any of the persons listed in items 7 and 8 been convicted of, pleaded guilty to, or pleaded nolo contendere (no contest) to, any felony or illegal gambling violation in any state or the United States or any other country?  
 No  Yes If yes, list name of each such person and particulars on a separate page and enclose it to this application.

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss.

The undersigned, of lawful age, being first duly sworn, upon his or her oath, states:

That the undersigned has read and knows the contents of the above Renewal Application for Bingo Distributors and that the answers and information provided therein are true, correct and complete.

\_\_\_\_\_  
Signature of Owner, Partner or Corporate Officer Printed or Typed Name Title or Position

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

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

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