

RENEWAL APPLICATION FOR BINGO LICENSE

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 **\$25**
Statutory Registration Fee

REGISTRATION NO. _____

APPR. _____ ISSUED _____

Renewal Application **Discontinuation of Business** Date Business Ceased: _____

INSTRUCTIONS: Enclosed is an application to renew your organization's Bingo License for the upcoming license year starting July 1. Your current bingo license expires on June 30 of this year. The application for renewal should be completed and mailed back to us no later than June 1 to assure that we can process it and mail out your new certificate before July 1. It is unlawful to conduct bingo games without a current bingo license on display.

Your renewal application must be accompanied by a check for the license fee of \$25 made payable to the Kansas Department of Revenue. Please do not send cash.

Please be sure that the Verification at the end of the renewal application is fully completed. It requires the signature of the presiding officer of your organization and the secretary, or equivalent. The person in charge of your bingo operations should not sign the Verification unless that person also happens to be the presiding officer of your organization. Be sure to have the Verification properly notarized by a Kansas Notary Public.

If you have questions regarding renewal of your bingo license or you need additional information, please call Miscellaneous Tax at 785-368-8222 or email: bingo@kdor.ks.gov.

1. Organization's Name and Mailing Address for Notices and Forms:

Name _____

Street or Route _____

City _____ State _____ ZIP _____

2. Organization's License Number: _____

3. Organization's Office or Business Phone Number (include area code): _____

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

5. Full address where bingo games are conducted:

Current	Corrections

6. Are the bingo games conducted on leased premises? No Yes If yes, indicated the premises registration number:

7. Days of the week that bingo games are conducted and the starting time of the first call bingo game of each session:

Current	Corrections

8. Information about the person in charge of your organization's bingo operations:

	Current	Corrections
Name		
Title		
Phone Number		
Fax Number		
Email Address		
Social Security Number		
Date of Birth		

9. Information about the presiding officer of your organization:

	Current	Corrections
Name		
Title		
Phone Number		
Social Security Number		
Date of Birth		

10. Has any officer, director or official of your organization, or any person employed by your organization on the premises where bingo games are conducted 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 any 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 to this application.

11. 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.

VERIFICATION OF OFFICERS OF ORGANIZATION - MUST BE SIGNED AND NOTARIZED

STATE OF KANSAS)
) ss:
 COUNTY OF _____)

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

 Signature of Presiding Officer

 Typed or Printed Name of Presiding Officer

 Signature of Secretary

 Typed or Printed Name of Secretary

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

 Notary Public

My Appointment Expires _____