

KANSAS DEPARTMENT OF REVENUE
ADD OR CANCEL A GAME OF BINGO

Organization's Name
Organization's Mailing Address
Organization's License Number

Section 1: Cancelling a Game of Bingo

Day/Date: _____ Time: _____ (Indicate A.M. or P.M.)

- This is a permanent cancellation. The effective date of this change is (mm/dd/yyyy): _____
- This is a temporary cancellation. Reason for cancellation: _____
How long will this change be in effect? (Mark all that apply.)
 - This is a one-time cancellation.
 - This cancellation is for the month of _____
 - This cancellation runs from _____ to _____
 - Other _____

Section 2: Adding a Game of Bingo

Day/Date: _____ Time: _____ (Indicate A.M. or P.M.)

- This is a permanent addition. The effective date of this change is (mm/dd/yyyy): _____
- This is a temporary addition. How long will this change be in effect? (Mark all that apply.)
 - This is a one-time addition.
 - This addition is for the month of _____
 - This addition runs from _____ to _____
 - Other _____

Section 3: Adding a Location Address for Bingo Games

New Location Address: _____

If this is a leased premises, provide the Bingo Premises Registration Certificate number: _____

- This is a permanent addition. The effective date of this change is (mm/dd/yyyy): _____
- This is a temporary addition. How long will this change be in effect? (Mark all that apply.)
 - This is a one-time addition.
 - This addition is for the month of _____
 - This addition runs from _____ to _____
 - Other _____

Vending machine(s) have been: Added Removed Effective Date: _____

If vending machines are added or removed, enter the number of vending machines: _____

Signature _____ Title _____

Printed or Typed Name _____ Date _____

This form must be signed by an authorized contact as listed on the most recent application, Bingo Organization Change Form (BI-10) or Power of Attorney Form (DO-10).

INSTRUCTIONS

To conduct bingo games on a date, time or a different location than is currently on file, the bingo licensee must submit written notice of the change(s) to the Office of Charitable Gaming at least three days prior to the effective date of the change.

- Enter the Organization's name, mailing address, and license number as listed on your license.
- If there are no changes being made to any of the following sections, leave those sections blank.
- **Complete Section 1** if a bingo game is being cancelled. Complete all fields and indicate whether this is a permanent or temporary change.
- **Complete Section 2** if a bingo game is being added. Complete all fields and indicate whether this is a permanent or temporary change.
- **Complete Section 3** if a location address for bingo games is being added. Complete all fields and indicate whether this is a permanent or temporary change.
- Check the appropriate box if there is a vending machine(s) being added or removed, then enter the effective date of the change.
- Complete the signature portion. **REMINDER:** Add or Cancel a Game of Bingo Form (BI-20) will only be accepted if signed by an authorized contact person for the organization. Authorized contacts include the presiding officer and/or contact person listed on the organization's most recent application.

GENERAL INFORMATION

- If you have questions call 785-368-8222; email kdor_bingo@ks.gov; or visit our website at: <https://ksrevenue.org/bustaxypes.html>.
- This form must be received by the Kansas Department of Revenue at least three days prior to the effective date of the change.
- This form can be faxed to 785-296-4993 or emailed to kdor_bingo@ks.gov
- Complete this form and mail or hand deliver to:

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