# 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.**

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

Name

Street or Route

City State ZIP

2. Exact address where bingo games will be conducted:

Street or Route

City State ZIP

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 |
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12. List the full name, home address and date of birth for each of the following persons involved with the premises to be registered:
    a. Each individual owner and lessor.
    b. If the owner or lessor is a partnership, list each partner.
    c. If the owner or lessor is a corporation, list each officer and each stockholder who owns 10% or more of the capital stock of the corporation.
    d. Each person who will be directly involved with the bingo operations as a paid employee or agent of the owner or lessor.

| Social Security Number **(Must be listed)** | Full Name/ Type of Involvement (Owner, lessor, employee, etc.) | Complete Home Address (Street, city, state and ZIP) | Complete Date of Birth (MM-DD-YYYY) |
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(Attach separate sheet if more space is needed)

## VERIFICATION OF LESSOR - 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 the undersigned is the lessor of the premises above described; has read and knows the contents of the above and foregoing Application for Initial Registration of Bingo Premises; and that the answers and information provided therein are true, correct and complete.

_____ _____
Signature of Lessor Typed or Printed Name of Lessor

_____
Title

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

_____
Notary Public

My Appointment Expires_____