

Contact Person Information:

Name: _____

Daytime Phone: _____ Email Address: _____

Additional Locations:

A) Site Name: _____

Location Address: _____
Street City State Zip

B) Site Name: _____

Location Address: _____
Street City State Zip

C) Site Name: _____

Location Address: _____
Street City State Zip

NOTE: If additional space is needed, enter necessary information on a separate page and attach it to this application.

Owner Information:

Check this box if this person is considered the responsible party.

A) Name: _____ Title: _____

Date of Birth: _____ Social Security Number: _____ Daytime Phone: _____

Mailing Address: _____
Street City State Zip

Check this box if this person is considered the responsible party.

B) Name: _____ Title: _____

Date of Birth: _____ Social Security Number: _____ Daytime Phone: _____

Mailing Address: _____
Street City State Zip

Check this box if this person is considered the responsible party.

C) Name: _____ Title: _____

Date of Birth: _____ Social Security Number: _____ Daytime Phone: _____

Mailing Address: _____
Street City State Zip

NOTE: If additional space is needed, enter necessary information on a separate page and attach it to this application.

Has the owner(s), within five years prior to this registration, been convicted of or pleaded guilty or pleaded no contest to any felony or illegal gambling violation in this or any other state? No Yes

If yes, provide the name of each person and the particulars on a separate page and enclose it with this application.

Record Keeper Information: (The person who is responsible for maintaining record of sales.)

Name: _____ Title: _____

Daytime Phone: _____ Email Address: _____

Mailing Address: _____
Street City State Zip

GENERAL INFORMATION

Filing Information: To save postage, this application and the payment of fees due to the Kansas Department of Revenue can be completed at: <https://www.kdor.ks.gov/apps/kcsc>, or you can mail your completed application, fees and any documentation to:

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

REGISTRATION/RENEWAL PROCESS

Registration Requirements: A business is required to register as a bingo distributor with the Kansas Department of Revenue if it sells or distributes disposable paper bingo cards (faces), instant bingo tickets (pull-tabs), handheld monitors, or vending machines to organizations in Kansas which are licensed to conduct bingo games.

The following steps are required to register as a bingo supplies distributor:

- Complete an Application for Initial Registration of Bingo Distributor.
- Pay an application fee of \$500 by check or money order.
- For all new applications, pay a tax bond of \$1,000 by separate check or money order.
- Allow 14 business days for your application to be processed and your registration certificate to be mailed to you.

Upon approval, each distributor will be assigned a registration number and issued a Kansas Bingo Distributor Registration Certificate.

Distributor Registration Certificate: Each distributor registration certificate shall expire at midnight on June 30 following its date of issuance.

Contact Information: If you have questions you may call 785-368-8222 or email kdor_bingo@ks.gov. Information can be faxed to 785-296-4993.

INSTRUCTIONS

APPLICATION TYPE: Check either "New Registration Application" or "Renewal Registration Application". If the "Renewal Registration Application" is selected, enter the bingo registration number. All questions must be completed. The Department reserves the right to request additional information or deny the application. The Bingo Distributor must inform the department within 30 days of any changes in the information supplied in its most recent application filed with the department. The bingo Distributor registration will expire June 30.

BUSINESS INFORMATION

Line 1. Enter the FEIN here or if you do not have an FEIN, you can obtain one from the IRS by going to www.irs.gov.

Line 2. Enter the Business Name.

Line 3. Enter the Daytime Phone Number associated with this FEIN.

Line 4. Enter the mailing address of the business.

Line 5. Select the Business Entity. If Corporation is selected enter the state incorporated and incorporation date.

DISTRIBUTOR INFORMATION

Line 6. Enter the date you want your license to become effective. This date cannot be in the past. You must have an active license before operating as a Bingo Distributor.

Line 7. Enter the Distributor's DBA name if applicable.

Line 8. Enter the Business Daytime Phone Number.

Line 9. If any owner, partner or employee had previously held a license check "Yes" and enter the FEIN, License Number and Business Name, otherwise check "No".

Line 10. If any owner, lessor, partner or employee has had a license denied, rejected, or suspended check "Yes" and enter the FEIN, License Number, Business Name, Date and Reason, otherwise check "No".

Line 11. Enter the Physical Location Address.

Line 12. Enter the Distributor's DBA Mailing Address.

Line 13. If the distributor will be offering instant bingo ticket vending machines to bingo organizations check "Yes", otherwise check "No".

CONTACT PERSON INFORMATION: Enter the full name, daytime phone and email address for the contact person.

ADDITIONAL LOCATIONS: Other than the physical address already provided, list names and addresses of all offices, manufacturing and storage locations where your bingo records of sales to Kansas licensees are kept and all locations which will be involved in distributing disposable paper bingo cards or instant bingo tickets. Post office boxes are not allowed. If the address cannot be verified, your application may not be approved. Attach additional pages if needed for listing all of the additional locations.

OWNER INFORMATION: Check the box if the person is considered the responsible party. Enter the full name, title, date of birth, social security number, home phone number and mailing address of all owners, partners, corporate officers or directors. If the answer to convictions is "Yes", provide information regarding the conviction along with the date convicted on a separate sheet.

RECORD KEEPER INFORMATION: Enter the full name, title, daytime phone number, email address and mailing address of the person who will maintain records of the sales of disposable paper cards and instant bingo tickets in Kansas.

EMPLOYEE INFORMATION: Enter the full name, title, date of birth, social security number, home phone number, date employment started, and home address. If the answer to convictions is "Yes", provide information regarding the conviction along with the date convicted. Attach additional pages if more space is needed.

SIGNATURE: A signature of the owner or presiding officer, date and printed name is required.

The Department reserves the right to request additional documents, such as your Articles of Incorporation.