KANSAS DEPARTMENT OF REVENUE ADD OR CANCEL A GAME OF BINGO

Organization's Name	7
Organization's Mailing Address	
Organization's License Number	_
Section 1: Cancelling a Game of Bingo	
Day/Date:Time:	(Indicate A.M. or P.M.)
\square This is a permanent cancellation. The effective date of this change	is (mm/dd/yyyy):
\Box This is a temporary cancellation. Reason for cancellation:	
How long will this change be in effect? (Mark all that apply.)	
\Box This is a one-time cancellation.	
\Box This cancellation is for the month of	
☐ This cancellation runs fromtototo	
Section 2: Adding a Game of Bingo	
Day/Date:Time:	(Indicate A.M. or P.M.)
\square This is a permanent addition. The effective date of this change is (r	nm/dd/yyyy):
\square This is a temporary addition. How long will this change be in effect?	? (Mark all that apply.)
\Box This is a one-time addition.	
\Box This addition is for the month of	
☐ This addition runs fromtototo Other	
Section 3: Adding a Location Address for Bingo Games New Location Address:	
If this is a leased premises, provide the Bingo Premises Registration Co	ertificate number:
\Box This is a permanent addition. The effective date of this change is (r	
☐ This is a temporary addition. How long will this change be in effect?	
□ This is a one-time addition.	
□ This addition is for the month of	
☐ This addition runs from to	
Other	
Vending machine(s) have been:	ve Date:
If vending machines are added or removed, enter the number of vending	
Signature	Title
Printed or Typed Name	Date
This form must be signed by an authorized contact as listed on the most rece	

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.gov/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