KANSAS DEPARTMENT OF REVENUE BINGO ORGANIZATION LICENSE APPLICATION

IMPORTANT: Save time and paper by filing electronically. See the electronic file and pay options available by visiting our website at https://www.kdor. ks.gov/apps/kcsc.

ense for Fiscal Year	(License will be	e valid July 1, or	date of issuance, the	nrougn June 3	U)
ct One:					
New License Application					
Renewal License Application	Bingo License Nu	mber:		-	
orofit Organization Information (A	As listed with IRS):				
Nonprofit Organization's Federal Emplo	yer Identification Num	ber (FEIN):			
Nonprofit Organization's Name:					
Nonprofit Organization's Daytime Phone	e Number:				
Street			City	State	Zip
ype of Nonprofit: Charitable	☐ Educational ☐ I	Fraternal □ Re	eligious 🗆 Veteran		
Ooes this organization have IRS approv	ved non-profit status?	□ Yes □ No	☐ Pending		
o Organization Information (DBA	A): □ Check this box	if the phone numb	er and mailing addres	s are the same a	is above.
Date you want license to become activ	ve (mm/dd/yyyy):				
Bingo Organization's Name:					
Bingo Organization's Daytime Phone N	Number:				
Street		City	State	County	Zip
			City	State	
	□ Vec □ No □ □	Pendina	City	State	Zip
		_	∃No		
, ,				dicap? □ Ye	s □ No
. , ,	• •				
If yes, provide the following where app	licable:	•			
Federal Employer Identification Number	er:		License Number:		
Business Name:					
				any type of Cha	ritable Gamin
License? ☐ No ☐ Yes If yes, p	provide the following wl	nere applicable:	·		
Federal Employer Identification Number	er:		License Number:		
Business Name:					
Date and reason for denial, revocation	or suspension:				·····
Will the organization be selling instant	bingo tickets from a ve	ending machine?	□ No □ Yes		
If yes, enter the number of vending ma	_				
	New License Application Renewal License Application Profit Organization Information (Annoprofit Organization's Federal Employer Identification Number Improved the following where application is Name: Street	New License Application Renewal License Application Renewal License Application Bingo License Numprofit Organization Information (As listed with IRS): Nonprofit Organization's Federal Employer Identification Numprofit Organization's Name: Nonprofit Organization's Daytime Phone Number: Nonprofit Organization's Daytime Phone Number: Street Street Street Street Street Street Street Copes this organization have IRS approved non-profit status? Street Copes this organization Information (DBA): Check this box in Date you want license to become active (mm/dd/yyyy): Bingo Organization's Name: Bingo Organization's Daytime Phone Number: Physical Address: Street Mailing Address: Street Does the organization have by-laws? Street Does the organization been in existence for 18 months or lor Is membership in your organization denied to any person for Has your organization ever been issued any type of Charitab If yes, provide the following where applicable: Federal Employer Identification Number: Business Name: Has your organization ever been denied a license or had License? No Yes If yes, provide the following with Federal Employer Identification Number: Business Name: Date and reason for denial, revocation or suspension: Will the organization be selling instant bingo tickets from a verification be	New License Application Renewal License Application Bingo License Number:	New License Application Renewal License Application Bingo License Number:	New License Application Renewal License Application Bingo License Number:

Presiding Officer Information:

Name:		Date Assumed Office:				
Date of Birth:		So	cial Security Numbe	er:		
Daytime Phone:		En	nail Address:			
Home Address:						
in court to answer charg any other state which is	ges for any such violatio classified as a felony ur	nilty to or pleaded no content n, or have been convicted ander the laws of such state particulars on a separate	st to a violation of gam or pleaded guilty or pleaced \square No \square Yes	bling laws of the L eaded no contest	to the violation	eited bond to appea
Secretary Informatio	n:					
Name:			Date	e Assumed Offic	ce:	
Date of Birth:		So	cial Security Numbe	er:		
Daytime Phone:		En	nail Address:			
Home Address:	Street		Ci		ate Zi	
in court to answer charg any other state which is If yes, provide the name	ges for any such violation classified as a felony under of each person and the rmation:	illty to or pleaded no conter n, or have been convicted nder the laws of such state particulars on a separate	or pleaded guilty or pl ? □ No □ Yes page and enclose it w	eaded no contest	to the violation	of any law of this o
Name:						· · · · · · · · · · · · · · · · · · ·
Daytime Phone:		Ema	il Address:			
Bingo Play Informati	ion:					
Physical Address Wh	ere Games Will Be P	layed:		- <u>-</u>		
			Stre	et		
City	State		County		Zip	
ls your organization regi	stered to collect and	remit Kansas sales tax o	on this location?	☐ Yes ☐ No		
lf yes, enter your KS Sal	les Tax Account Numl	oer:				
ls this a leased or rented	d premises? ☐ No	☐ Yes If yes, provid	e premises registrat	ion number:		
Select game type and er	nter how often the gar	nes are played along wi	th start time:			
		Weekly Ga	<u>ames</u>		Monthly (<u>Games</u>
		Day game is played:	Start Time:	Day game i	s played:	Start Time:
\square Mini Games \square	Regular Games					
\square Mini Games \square	Regular Games					
□ Mini Games □	Regular Games					
□ Mini Games □	Regular Games					
□ Mini Games □	Regular Games					- <u></u>
□ Mini Games □	Regular Games					
□ Mini Games □	-					
□ Mini Games □	-					
□ Mini Games □	-		 _			

Nonprofit Organization Member Information (Volunteers only):

A) Name:		Date of M	embership:		
Date of Birth:	Social Security Number:	Daytime	Daytime Phone:		
Home Address:					
	treet	City	State	Zip	
B) Name:		Date of Mo	embership:		
Date of Birth:	Social Security Number:	Daytime	Phone:		
Home Address:					
S	treet	City	State	Zip	
C) Name:		Date of Mo	embership:		
Date of Birth:	Social Security Number:	Daytime	Phone:		
Home Address:	treet	City	State	Zip	
Has the person(s) been con appear in court to answer ch this or any other state which If yes, provide the name of e	e is needed, enter necessary information victed of or pleaded guilty to or pleaded no arges for any such violation, or have been on its classified as a felony under the laws of such person and the particulars on a separater than President or Secretary):	contest to a violation of gamblir convicted or pleaded guilty or pleaded state?	ng laws of the U. aded no contest	S. or have forfeited bond to	
A) Name:		Title: _			
,		Social Security Number:			
Daytime Phone:		Date Assumed Office:			
Home Address:					
S	Street	City	State	Zip	
B) Name:		Title: _			
Date of Birth:		Social Security Number:_			
Daytime Phone:		Date Assumed Office:			
Home Address:					
S	Street	City	State	Zip	
C) Name:		Title: _			
Date of Birth:		Social Security Number:			
Daytime Phone:		Date Assumed Office: _			
Home Address:	Street	City	State	Zip	
		•		•	
,					
		Social Security Number:_			
Daytime Phone:		Date Assumed Office:			
Home Address:	NA 4		04.4	7:	
	treet e is needed, enter necessary informatio	City n on a separate page and att	State ach it to this ap	Zip oplication.	

Has the person(s) been convicted of or pleaded guilty to or pleaded no contest to a violation of gambling laws of the U.S. or have forfeited bond to appear in court to answer charges for any such violation, or have been convicted or pleaded guilty or pleaded no contest to the violation of any law of this or any other state which is classified as a felony under the laws of such state?

No Pes

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

Employee Information:

A) Name:		Title:		
Date of Birth:	_	Social Security Number:		
Daytime Phone:		Initial Date of Employment:		
Home Address:				
Street		City	State	Zip
B) Name:		Title:		
Date of Birth:	-	Social Security Number:		
Daytime Phone:		Initial Date of Employment:		
Home Address:				
Street		City	State	Zip
C) Name:		Title:		
Date of Birth:		Social Security Number:		
Daytime Phone:		Initial Date of Employment:		
Home Address:				
Street		City	State	Zip
D) Name:		Title:		
Date of Birth:	-	Social Security Number:		
Daytime Phone:		Initial Date of Employment:		
Home Address:				
Street		City	State	Zip
E) Name:		Title:		
Date of Birth:	-	Social Security Number:		
Daytime Phone:		Initial Date of Employment:		
Home Address:				
Street		City	State	Zip
NOTE: If additional space is needed, ente	•			• •
Has the person(s) been convicted of or pleade to appear in court to answer charges for any su	ed guilty to or pleaded luch violation, or have b	no contest to a violation of gamblir een convicted or pleaded quilty or p	ng laws of the l pleaded no con	J.S. or have forfeited bond test to the violation of any
law of this or any other state which is classified	as a felony under the I	aws of such state? ☐ No ☐ Ye	es	,
If yes, provide the name of each person and the	e particulars on a sepa	rate page and enclose it with this a	pplication.	
Under penalties of perjury, I declare that I h	have examined this	application and to the best of	f my knowled	ge and belief it is correct
and complete. I will comply with all of the	provisions of the l	Kansas Charitable Gaming A	ct and the re	gulations adopted under
such act.				
Presiding Officer Signature		Secretary Signature		
i residing Officer Signature		Secretary Signature		
Presiding Officer Printed Name	Date	Secretary Printed Name	Э	Date

GENERAL 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, fee and any documentation to:

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

The following steps are required to license a bingo organization.

- Complete a Bingo Organization License Application.
- Pay a \$25 application fee by check or money order.

Upon approval, each bingo organization is assigned a bingo registration number and issued a Kansas Bingo Organization license certificate.

In order to receive a license by your requested start date, you must apply at least 14 business days in advance, otherwise we cannot guarantee your application will be approved and certificated mailed by your requested start date.

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.

LICENSING REQUIREMENTS AND PROCESS

To be eligible for a bingo license, an organization must meet all of the following requirements:

- Be a nonprofit religious, charitable, fraternal, educational or veterans organization with a tax-exempt ruling from the Internal Revenue Service.
- Have been in continuous existence in Kansas for at least 18 months prior to applications
- None of the officers, directors or officials of the organization, or any person employed on the premises where the bingo games are to be conducted, has been convicted of a felony or gambling violation in Kansas or any other jurisdiction.
- Membership in the organization is open to a person of any race, color or physical handicap.

No person involved in the operation of bingo games for the licensed organization may receive any compensation or profit from such activity. However, an employee of the organization may assist with bingo.

Each organization may have only one active license at a time. Organizations which are affiliated with or subordinate to each other must have different membership requirements.

Bingo licenses expire on June 30 and must be renewed annually. Renewals online are the quickest method of completing the process.

LINE BY LINE INSTRUCTIONS

LICENSE YEAR: Bingo licenses are valid July 1, or date of issuance, through June 30. Enter the fiscal year for which you are submitting your application.

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

NON-PROFIT ORGANIZATION INFORMATION

- **Line 1.** Enter the Nonprofit organization's 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 Nonprofit Organization's name.
- Line 3. Enter the Nonprofit Organization's daytime phone number.
- **Line 4.** Enter the Nonprofit Organization's mailing address.
- Line 5. Check the appropriate box for the organization's nonprofit type and only check one.
- Line 6. Check the appropriate box. If the Nonprofit Organization is in process of applying to the IRS, check "Pending".

LINE BY LINE INSTRUCTIONS CONTINUED

BINGO ORGANIZATION INFORMATION

- Line 7. Enter the date you want your license to become effective
- Line 8. Enter the Bingo Organization's name.
- Line 9. Enter the Bingo Organization's daytime phone number.
- **Line 10.** Enter the physical location where your organization regularly conducts business which may or may not be the location of game play.
- Line 11. Enter the mailing address for your organization where we can send notices.
- Line 12. Check the appropriate box. If the organization is in the process of creating by-laws check "Pending".
- Line 13. Check "Yes" if your organization has been in existence for 18 months or longer. Otherwise, check "No".
- **Line 14.** Check "Yes" if your organization denies membership to any person for race, color or physical handicap. Otherwise, check "No".
- **Line 15.** Check the appropriate box if your organization has ever been issued any type of Charitable Gaming license. If "Yes", enter the Federal Employer Identification Number, License Number and name of the business.
- **Line 16.** Check the appropriate box if your organization has ever been denied, revoked or suspended. If "Yes", enter the Federal Employer Identification Number, License Number and name of the business. Then, enter the date and the reason for denial, revocation or suspension.
- Line 17. Check the appropriate box if you will be selling instant bingo tickets from a vending machine.

PRESIDING OFFICER INFORMATION: Enter the name, date assumed office, date of birth, social security number, daytime phone number, email address, and home address. Check the appropriate box regarding legal violations. If this box is checked yes, send an explanation of the legal action along with the date in which the legal action occurred.

SECRETARY INFORMATION: Enter the name, date assumed office, date of birth, social security number, daytime phone number, email address, and home address. Check the appropriate box regarding legal violations. If this box is checked yes, send an explanation of the legal action along with the date in which the legal action occurred.

CONTACT PERSON INFORMATION: Enter the full name, daytime phone number and email address.

BINGO PLAY INFORMATION: Enter the physical address where the bingo games will be held. Answer the questions regarding registration information for collecting sales tax and leasing or rental of premises. Select the type of game(s) to be held, how often the games will be played along with start times. Attach additional pages if more space is needed.

NONPROFIT ORGANIZATION MEMBER INFORMATION (Volunteers only): List members that will be assisting with bingo. Check the appropriate box regarding legal violations. If this box is checked yes, send an explanation of the legal action along with the date in which the legal action occurred. Attach additional pages if more space is needed.

OTHER OFFICER INFORMATION: Other than the Presiding Officer and Secretary that you have already entered, list all directors and other principal officers of your organization, even if they are not directly involved with the conduct of bingo games. Check the appropriate box regarding legal violations. If this box is checked yes, send an explanation of the legal action along with the date in which the legal action occurred. Attach additional pages if more space is needed.

EMPLOYEE INFORMATION: List the full name, title, date of birth, social security number, daytime phone number, initial date of employment, and home address of each employee. Check the appropriate box regarding legal violations. If this box is checked yes, send an explanation of the legal action along with the date in which the legal action occurred. Attach additional pages if more space is needed.

SIGNATURE REQUIRED: This must be completed with the knowledge and consent of both the Presiding Officer and the Secretary of the organization whether a new or renewal application is being filed.

The Department reserves the right to request additional documents.