

**RB-3 Bingo Application for License**

License no. _____

License issued _____

Read this information first

Do not write above this line.

To qualify for a license to conduct bingo games, your organization must

- be not-for-profit;
- have been organized and in existence in Illinois for at least the past five years or affiliated and chartered with a national organization for two years and have had members carrying out the organization's goals during either period;

- not have any officers, directors, employees, workers, or operators of bingo who have been convicted of a felony or who have been convicted of a gambling offense;
- not compensate operators or workers who participate in the management or operation of bingo; and
- post a surety bond in the amount of the anticipated average quarterly tax liability if you are a new applicant.

Step 1: Identify your organization

Organization name _____

Physical address _____
Number and street

City _____ State _____ ZIP _____

County _____ () _____
Telephone numberMailing address _____
Number and street or post office box

City _____ State _____ ZIP _____

List all of the following numbers that your organization has been assigned.

FEIN _____ - _____

IBT number _____ - _____

Charitable games license no. _____

Pull tabs license no. _____

Step 2: Tell us about your organization**1** Check the type of your nonprofit organization.

- | | |
|-------------------|----------------------|
| _____ charitable | _____ religious |
| _____ educational | _____ senior citizen |
| _____ fraternal | _____ veterans |
| _____ labor | _____ youth athletic |

(If this is the first time you are applying for this license, attach a copy of your bylaws and constitution or charter.)

3 How long has your organization had members carrying out its goals? _____**4** Is your organization incorporated? _____ yes _____ no
If "yes," in which state and on what date was it incorporated?

State: _____ Date: _____

(If this is the first time you are applying for this license, attach a copy of the articles of incorporation.)

2 How many members does your organization have? _____**Step 3: Tell us about your bingo event****1** Where will bingo be played?

Number and street _____

City, state, ZIP _____

2 Do you own or lease the premises where bingo will be played?

_____ own _____ lease

If you lease the premises specifically for the conduct of bingo games, attach a copy of your lease agreement.

If the provider supplies services or products that are not included in the lease, send us a list of the items and their cost with this application. Write the provider's license number. _____

3 Will you conduct bingo events more than twice a year?

_____ yes _____ no

If "yes," go to Item 6 on the back. You are applying for a **regular bingo license**.

If "no," go to Item 4. You are applying for a **limited bingo license**.

4 What are the two time periods bingo will be played?First time period:

____/____/____	to	____/____/____
Month Day Year		Month Day Year
_____ : _____		_____ : _____
Hour Minute		Hour Minute
		A.M. P.M.

Second time period:

____/____/____	to	____/____/____
Month Day Year		Month Day Year
_____ : _____		_____ : _____
Hour Minute		Hour Minute
		A.M. P.M.

Note: If the last date is not known at this time, you must let us know the exact date 30 days before the event.

5 Make your check for \$50 payable to "Illinois Department of Revenue." Go to Step 4.**► Please turn this application over and continue completing Steps 3-5.**

Step 3 continued: Tell us about your bingo event

- 6 What day of the week will bingo be played? _____
- 7 At what time will bingo begin and end?
_____ : _____ ^{A.M.}/_{P.M.} to _____ : _____ ^{A.M.}/_{P.M.}
Hour Minute Hour Minute
- 8 How many people will your premises seat? _____
- 9 Estimate the number of people who will play bingo weekly.

- 10 Bingo tax is 5 percent of the gross proceeds including the price charged for bingo cards or donations. Estimate the amount of bingo tax you will pay quarterly. \$ _____
- 11 Make your check for \$200 payable to "Illinois Department of Revenue." Go to Step 4.

Step 4: Tell us about people in your organization

- 1 Who is responsible for filing tax returns?
Name _____
Number and street _____
City, state, ZIP _____
Daytime telephone (_____) _____
- 2 Who should we contact in case of questions or problems?
Name _____
Number and street _____
City, state, ZIP _____
Daytime telephone (_____) _____
- 3 List the following information about the organization's president, secretary, and operators. (Attach additional sheets if you have more than two operators.)

President's name (include middle initial) _____ Social Security number _____ - _____ - _____ Date of birth ____/____/____ Race* _____
Street address _____ City _____ State _____ ZIP _____ (_____) _____
Daytime telephone number _____

Secretary's name (include middle initial) _____ Social Security number _____ - _____ - _____ Date of birth ____/____/____ Race* _____
Street address _____ City _____ State _____ ZIP _____ (_____) _____
Daytime telephone number _____

Operator's name (include middle initial) _____ Social Security number _____ - _____ - _____ Date of birth ____/____/____ Race* _____
Street address _____ City _____ State _____ ZIP _____ (_____) _____
Daytime telephone number _____

Operator's name (include middle initial) _____ Social Security number _____ - _____ - _____ Date of birth ____/____/____ Race* _____
Street address _____ City _____ State _____ ZIP _____ (_____) _____
Daytime telephone number _____

* **A** — Asian or Pacific Islander; **B** — Black; **I** — American Indian or Alaskan Native; **W** — White; or **O** — Other

Step 5: Sign below

Under penalties of perjury, I state that I have read the bingo rule book. I certify that the operators listed in Step 4 have belonged to the organization for at least 30 days prior to participation in the organization's bingo sessions. I also state that I have examined this application and, to the best of my knowledge, it is true, correct, and complete.

President's signature _____ Date _____

Secretary's signature _____ Date _____

Operator's signature _____ Date _____

Operator's signature _____ Date _____

If you are applying for a

- ☐ **regular bingo license**, make your check for **\$200**
☐ **limited bingo license**, make your check for **\$50**
payable to "Illinois Department of Revenue."

Mail your application and payment to:
OFFICE OF BINGO AND CHARITABLE GAMES
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19480
SPRINGFIELD IL 62794-9480

If you have questions, call 217 524-4164.