	RENEWAL APPLICATION FOR BINGO DISTRIBUTORS		FOF	FOR OFFICE USE ONLY			
	KANSAS DEPARTMENT OF REVENUE		FEE	FEE \$500.00			
	Charitable Gaming	Charitable Gaming		Statutory Registration Fee			
	Docking State Office Building - 915 SW Harrison Str		DISTR. NO				
	Topeka, Kansas 66625-		APPR.	/ISS	UED		
	Phone: 785-6127 / Facsimile: 78	35-296-7185					
1.	Distributor's name and mailing address:	2. Actual busi	ness location addre	255:			
3.	Federal Employer Identification Number (FEIN).	f none, then so indicate.					
4.	 List names and addresses of all offices, manufacturing and storage locations where your bingo records of sales to Kansas licensees are kept and locations which will be involved in distributing disposable paper bingo cards or instant bingo tickets in Kansas. Use a separate sheet if necessary. 						
5.	Full name, mailing address, and telephone numbe instant bingo tickets in Kansas: Name	r of person who will mainta	in records of sales Telephone No.	of disposat	ole pape	r cards and	
	Address	City	ST	Zip			
6.	If owner(s) or corporate officers are not residents of Kansas, list name and address of the person within the state of Kansas authorized to receive service of legal process: Name Telephone No. ()						
	Address	City	- ST		`		
		City			,		
7.	Ownership Information - List the name, address, s of all owners, partners, corporate officers or directo a) Name			me telepho DOB	ne num	per and title	
	Home Address	City	ST	Zip			
	Home Telephone ()	Ownership Title					
	b) Name	SSN	-	DOB	/ /	,	
	Home Address	City	ST	Zip			
	Home Telephone ()	Ownership Title					
	c) Name	SSN _		DOB	/ /	,	
	Home Address	City	ST	Zip	, /		
	Home Telephone ()	Ownership Title					
	d) Name	SSN		DOB	/		
	Home Address	City	- ST	Zip	/ /		
	Home Telephone ()	Ownership Title					
		r · ·					

8. Employee Information - List the name, address, social security number, **complete** date of birth, home telephone number and title of each employee of the applicant, including salespeople operating as independent contractors or subcontractors of the applicant. Enclose a separate sheet if necessary.

a)	Name	SSN	DOB / /
	Home Address	City	ST Zip
	Home Telephone ()	Employment Title	
b)	Name	SSN	DOB / /
	Home Address	City	ST Zip
	Home Telephone ()	Employment Title	
c)	Name	SSN	DOB / /
	Home Address	City	ST Zip
	Home Telephone ()	Employment Title	

9. Has any of the persons listed in items 7 and 8 been convicted of, pleaded guilty to, or pleaded nolo contendere (no contest) to, any felony or illegal gambling violation in any state or the United States or any other country?
No
Yes
If yes, list name of each such person and particulars on a separate page and enclose it to this application.

State of)	
)	SS.
County of)	

The undersigned, of lawful age, being first duly sworn, upon his or her oath, states:

That the undersigned has read and knows the contents of the above Renewal Application for Bingo Distributors and that the answers and information provided therein are true, correct and complete.

Signature of Owner, Partner or Corporate Officer	Printed or Typed Name	Title or Position
SUBSCRIBED AND SWORN TO before me this	day of	, 200

Notary Public

My Appointment Expires: _____