

RENEWAL APPLICATION FOR REGISTRATION OF BINGO DISTRIBUTOR

KANSAS DEPARTMENT OF REVENUE

Charitable Gaming

Docking State Office Building

915 SW Harrison Street

Topeka, Kansas 66612-1588

Phone: 785-368-8222 Facsimile: 785-296-4993

Website: <http://ksrevenue.org/bustaxtypesbingo.html>

FOR OFFICE USE ONLY

FEE \$500
Statutory Registration Fee

DISTRIBUTOR NO. _____

APPR. _____ ISSUED _____

Renewal Application

Discontinuation of Business

Date Business Ceased: _____

1. Distributor's Name and Mailing Address for Notices and Forms:

Name

Street, Route or P.O. Box No.

City State ZIP

2. Actual business location address:

Street, Route or P.O. Box No.

City State ZIP

3. Distributor's Office or Business Phone Number (include area code): _____

4. Distributor's Federal Employer Identification Number (FEIN): _____

5. 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:

Name	Complete Address

6. Full name, mailing address, and telephone number of person who will maintain records of sales of disposable paper cards and instant bingo tickets in Kansas:

Name _____ Phone Number _____

Complete Address _____

7. 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 _____ Phone Number _____

Complete Address _____

8. Ownership Information - List the name, address, social security number, complete date of birth, home telephone number and title of all owners, partners, corporate officers or directors. Enclose a separate sheet if necessary:

a) Name _____ SSN _____ DOB _____

Complete Home Address _____

Home Phone Number _____ Ownership Title _____

b) Name _____ SSN _____ DOB _____

Complete Home Address _____

Home Phone Number _____ Ownership Title _____

c) Name _____ SSN _____ DOB _____

Complete Home Address _____

Home Phone Number _____ Ownership Title _____

d) Name _____ SSN _____ DOB _____

Complete Home Address _____

Home Phone Number _____ Ownership Title _____

9. 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 _____
 Complete Home Address _____
 Home Phone Number _____ Employment Title _____

b) Name _____ SSN _____ DOB _____
 Complete Home Address _____
 Home Phone Number _____ Employment Title _____

c) Name _____ SSN _____ DOB _____
 Complete Home Address _____
 Home Phone Number _____ Employment Title _____

d) Name _____ SSN _____ DOB _____
 Complete Home Address _____
 Home Phone Number _____ Employment Title _____

10. Has any of the persons listed in items 8 and 9 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 with to this application.

Name _____
 Particulars (list any charges/convictions, dates) _____

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Name _____
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VERIFICATION OF BINGO DISTRIBUTOR - MUST BE SIGNED AND NOTARIZED

STATE OF KANSAS)
) 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 Initial Application for Bingo Card Distributors and that the answers and information provided therein are true, correct and complete.

 Signature of Owner, Partner or Corporate Officer

 Typed or Printed Name

 Title

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20 _____

 Notary Public

My Appointment Expires _____