

KANSAS DEPARTMENT OF REVENUE
BINGO PREMISES REGISTRATION 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.

Registration for Fiscal Year \_\_\_\_\_ (Registration will be valid July 1, or date of issuance, through June 30.)

Select One:

- New Registration Application
Renewal Registration Application Registration Number: \_\_\_\_\_

Business Information (As listed with IRS):

- 1. Federal Employer Identification Number (FEIN): \_\_\_\_\_
2. Name of Business: \_\_\_\_\_
3. Phone Number Associated with the FEIN: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
5. Type of Business Entity: [ ] Sole Proprietorship [ ] Partnership [ ] Corporation
If this is a corporation, provide the state and date of incorporation: \_\_\_\_\_ State \_\_\_\_\_ Date (mm/dd/yyyy)

Lessor's Information (DBA):

- 6. Date you wish license to become active (mm/dd/yyyy): \_\_\_\_\_
7. Lessor's Name (DBA name): \_\_\_\_\_
[ ] Check this box if the Daytime Phone Number is the same as what is listed on line 3.
8. Lessor's Daytime Phone Number: \_\_\_\_\_
9. Do you operate a concession stand at this location? [ ] No [ ] Yes
If yes, provide your sales tax registration number: \_\_\_\_\_
10. Has any owner, lessor, partner or employee previously held a registration? [ ] No [ ] Yes
If yes, provide the following:
Federal Employer Identification Number: \_\_\_\_\_ Registration Number: \_\_\_\_\_
Business Name: \_\_\_\_\_
11. Has any owner, lessor partner or employee had a registration denied, rejected, revoked or suspended? [ ] No [ ] Yes
If yes, provide the following:
Federal Employer Identification Number: \_\_\_\_\_ Registration Number: \_\_\_\_\_
Business Name: \_\_\_\_\_
Date and reason: \_\_\_\_\_

12. Physical Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

[ ] Check this box if the Lessor's Mailing Address is the same as the physical address.

13. Lessor's Mailing Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Contact Person Information:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Bingo Games:**

List the bingo license number, month and/or day and times for each organization that is or will be leasing this premises from you for the conduct of bingo games.

| License Number | Weekly Games        |             | Monthly Games       |             |
|----------------|---------------------|-------------|---------------------|-------------|
|                | Day game is played: | Start Time: | Day game is played: | Start Time: |
| _____          | _____               | _____       | _____               | _____       |
| _____          | _____               | _____       | _____               | _____       |
| _____          | _____               | _____       | _____               | _____       |
| _____          | _____               | _____       | _____               | _____       |
| _____          | _____               | _____       | _____               | _____       |
| _____          | _____               | _____       | _____               | _____       |

**Owner/Officer Information:**

A) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ First Date of Ownership: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

B) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ First Date of Ownership: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

C) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ First Date of Ownership: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

D) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ First Date of Ownership: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

**NOTE:** If additional space is needed, enter necessary information on a separate page and attach it to this application.

Has this 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  Yes

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

**Responsible Party Information (Must have a Kansas address):**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

**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

**NOTE:** If additional space is needed, enter necessary information on a separate page and attach it to this application.

Has this 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  Yes

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

**Under penalties of perjury, I declare that I have examined this application and to the best of my knowledge and belief it is correct and complete. I will comply with all of the provisions of the Kansas Charitable Gaming Act and the regulations adopted under such act.**

\_\_\_\_\_  
Owner/Presiding Officer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Presiding Officer Printed Name

## GENERAL INFORMATION

**Filing Information:** To save postage this application and the payment of a fees due the Kansas Department of Revenue this application can be filed and fees paid electronically at: <https://www.kdor.ks.gov/Apps/kcsc/login> 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

### REGISTRATION/RENEWAL PROCESS:

The following steps are required to register a premises:

- Complete a Bingo Premises Application (BI-148).
- Pay a \$100 application fee by check or money order
- Allow 14 business days for your application to be processed and your registration certificate to be mailed to you.

Upon approval, each leased bingo premises is assigned a bingo registration number and issued a Kansas Bingo Premises registration certificate. The registration certificate must be displayed in plain view at the premises. The usual practice is to display the certificate in the area where the licensed organization is selling bingo cards.

Registration certificates expire on June 30 of each year and must be renewed annually.

### EXEMPTION FROM REGISTRATION OF PREMISES:

A premises may be exempted from registration by the administrator if the following conditions exist:

- There is no charge made for the use of the premises or the charge is a fixed nominal amount intended to cover only the premises owner's actual costs for utilities and maintenance for the time period it is used for bingo, or
- The organization is the full-time, exclusive tenant of the premises; the rent is paid monthly or annually; the conduct of bingo games is only a relatively small part of the organization's activities on the premises; and the amount of rent paid is not based on whether bingo games are conducted on the premises or the amount of the receipts from conducting bingo games.

The circumstances must be documented in writing, including any agreement between the premises owner and the licensed organization, and submitted to the administrator for a decision.

**CONTACT INFORMATION:** If you have questions you may call 785-368-8222 or email [kdor\\_bingo@ks.gov](mailto:kdor_bingo@ks.gov). Information can be faxed to 785-296-4993.

## INSTRUCTIONS

**LICENSE YEAR:** Premises registrations 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 Registration Application" or "Renewal Registration Application". If the "Renewal Registration Application" is selected, enter the bingo registration number. All questions must be completed. The Department reserves the right to request additional information or deny the application. The lessor must inform the department within 30 days of any changes in the information supplied in its most recent application filed with the department. The premises registration will expire June 30.

### BUSINESS INFORMATION:

- Line 1** - Enter the Business Federal Employer Identification Number (FEIN).
- Line 2** - Enter the Business Name as it appears with the IRS.
- Line 3** - Enter a daytime phone number.
- Line 4** - Enter the business mailing address.
- Line 5** - Select the business entity. If Corporation is selected, enter the state incorporated and incorporation date.

### LESSOR'S INFORMATION:

- Line 6** - Enter the date that you want the license to become active.
- Line 7** - Enter the Lessor's name.
- Line 8** - Enter the Lessor's daytime phone number. If the lessor's daytime phone is the same as line 3, check the box to indicate this.
- Line 9** - If you will be operating a concession stand check "Yes" and enter the Kansas sales tax number, otherwise check "No".
- Line 10** - If any owner, partner or employee had previously held a license check "Yes" and enter the FEIN, License Number and Business Name, otherwise check "No".
- Line 11** - If any owner, lessor, partner or employe has had a license denied, rejected, revoked or suspended check "Yes" and enter the License Number, FEIN, Business Name, Date and Reason, otherwise check "No".
- Line 12** - Enter the address for the location where the bingo games will take place.
- Line 13** - Enter the address where letters and notices can be sent.

**CONTACT PERSON INFORMATION:** Enter the name, daytime phone number and email address of the person that can be contacted with questions regarding your account.

**BINGO GAMES:** Enter the license number, day game is played and start time under the appropriate column for each organization that is or will be leasing this premises from you for the conduct of bingo games. Attach additional pages if more space is needed.

**OWNER/OFFICER INFORMATION:** Enter the name, title, date of birth, social security number, daytime phone number, initial date of employment and 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. Attach additional pages if needed for listing all of the owners and officers.

**RESPONSIBLE PARTY INFORMATION:** Enter the full name, home phone number and address for the Responsible Party.

**EMPLOYEE INFORMATION:** List the name, title, address, social security number, date of birth, daytime and phone number of each employee, including salespeople operating as independent contractors or subcontractors. 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.

**OWNER/PRESIDING OFFICER SIGNATURE:** The signature of either an owner or presiding officer is required before this application can be approved.

**REQUIRED DOCUMENTS:** The below documents are required and must be attached to this application.

- Sample copy of your lease agreement that you will be using for this fiscal year.

**The Department reserves the right to request additional documents, such as your Articles of Incorporation.**