



# RB-3 Application for Bingo License

Register faster using **MyTax Illinois**, our online account management program, available on our website at [tax.illinois.gov](http://tax.illinois.gov). If you have questions, visit our website or contact us weekdays between 8:00 a.m. and 4:30 p.m. at **217 785-5864** or email at [rev.bptcg@illinois.gov](mailto:rev.bptcg@illinois.gov).

## Read this information first

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, or persons participating in the management or operation of bingo who have been convicted of a felony within the last 10 years or who have been convicted of a violation of Article 28 of the Criminal Code of 2012; and
- not compensate persons participating in the management or operation of bingo.

For more information about the laws, rules, and regulations governing the bingo license and tax act visit our website at [tax.illinois.gov](http://tax.illinois.gov) and review the Bingo License Tax Act (230 ILCS 25/1 to 25/7) and 86 Ill. Admin. Code Part 430.

## Step 1: Identify your organization

1 Federal employer identification number (FEIN)

FEIN: \_\_\_\_\_ - \_\_\_\_\_

2 Organization name:

\_\_\_\_\_

3 Primary or legal business address:

Street address - No PO Box number Apartment or suite number

City State ZIP

4 Mailing address if different from the address above:

In-care-of name

Street address or PO Box number Apartment or suite number

City State ZIP

5 Check the organization type that applies to you:

Corporation  S Corp (Subchapter S Corporation)

Not-for-profit organization

6 Charitable organizations applying for a new regular or limited bingo license must provide the following:

- A copy of your organization's bylaws and one of the following:
  - Constitution,
  - Charter, or
  - Articles of incorporation; and
- Copies of a single month's meeting minutes from each of the preceding five years, or if you are chartered by a national organization, for a single month from each of the preceding two years.

*Note: If renewing your license, you do not have to provide the above information.*

7 Identify a contact person regarding your business.

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

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext.: \_\_\_\_\_

FAX: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

## Step 2: Identify your officers and the person in charge

8 Provide the following information for the organization's officers and person in charge. If the officers in your organization change, you must file **Schedule REG-1-O**. **Note:** One person listed below must sign the application.

a \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
President's name Social Security number

Home address - No PO Box number City State ZIP

\_\_\_\_/\_\_\_\_/\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Date of birth Phone

b \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Secretary's name Social Security number

Home address - No PO Box number City State ZIP

\_\_\_\_/\_\_\_\_/\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Date of birth Phone

c \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Treasurer's name Social Security number

Home address - No PO Box number City State ZIP

\_\_\_\_/\_\_\_\_/\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Date of birth Phone

d \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Person-in-charge's name Social Security number

Home address - No PO Box number City State ZIP

\_\_\_\_/\_\_\_\_/\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Date of birth Phone

This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

**Step 3: Type of license you are applying for - Check one**

**Regular** - conduct bingo at the organization's physical address on a weekly basis - **\$200 annual fee**

What is the address where you will be conducting bingo?

Address: \_\_\_\_\_  
Street address - NO PO Box number City County State ZIP

Is this location owned or occupied by your organization or a unit of local government? \_\_\_ Yes \_\_\_ No

If no, enter the bingo provider of premises license number. **BP**-\_\_\_\_\_

What day of the week will bingo be played? \_\_\_\_\_

At what time will bingo begin and end? \_\_\_\_\_ a.m. to \_\_\_\_\_ a.m.  
Hour Minute p.m. Hour Minute p.m.

**Special** - have a regular bingo license and will hold events at your regular bingo location but on a day other than your regular day - **No fee**

A special permit allows you to have two such events per license for a maximum of five consecutive days per event. Provide the location address, date, and time below. If, at this time, you do not know when the events will be held you must submit the information on Form RCG-1-E no less than 30 days prior to the event.

**a** First event: \_\_\_\_\_ to \_\_\_\_\_  
Month Day Year Month Day Year

At what time will bingo begin and end:  
\_\_\_\_\_ a.m. to \_\_\_\_\_ a.m.  
Hour Minute p.m. Hour Minute p.m.

**b** Second event: \_\_\_\_\_ to \_\_\_\_\_  
Month Day Year Month Day Year

At what time will bingo begin and end:  
\_\_\_\_\_ a.m. to \_\_\_\_\_ a.m.  
Hour Minute p.m. Hour Minute p.m.

**Limited** - conduct bingo no more than two times a year for a maximum of five consecutive days per event - **\$50 fee**

Provide the location address, date, and time below. If, at this time, you do not know when the events will be held you must submit the information on Form RCG-1-E no less than 30 days prior to the event.

**a** First event: \_\_\_\_\_ to \_\_\_\_\_  
Month Day Year Month Day Year

At what time will bingo begin and end:  
\_\_\_\_\_ a.m. to \_\_\_\_\_ a.m.  
Hour Minute p.m. Hour Minute p.m.

**b** Second event: \_\_\_\_\_ to \_\_\_\_\_  
Month Day Year Month Day Year

At what time will bingo begin and end:  
\_\_\_\_\_ a.m. to \_\_\_\_\_ a.m.  
Hour Minute p.m. Hour Minute p.m.

Street address - No PO Box number Apartment or suite number

City State ZIP

County

Is this location owned or occupied by your organization or a unit of local government? \_\_\_ Yes \_\_\_ No

If no, enter the bingo provider of premises license number.

**BP**-\_\_\_\_\_

Street address - No PO Box number Apartment or suite number

City State ZIP

County

Is this location owned or occupied by your organization or a unit of local government? \_\_\_ Yes \_\_\_ No

If no, enter the bingo provider of premises license number.

**BP**-\_\_\_\_\_

**Step 4: Pay your fee - Check one - (Note: The fee paid with your application is not refundable.)**

If you are applying for a  **One year regular** bingo license, the fee is **\$200**;  **One year limited** bingo license, the fee is **\$50**.

Make your check or money order payable to the "Illinois Department of Revenue."

**Step 5: Sign below**

Under the penalties of perjury, I state that I have examined this application and all attachments and other information required and to the best of my knowledge, it is true, correct, and complete.

Signature \_\_\_\_\_ Printed name \_\_\_\_\_ Date \_\_\_\_\_

Mail your form along with any attachments and payment to:

**OFFICE OF BINGO AND CHARITABLE GAMES 3-215  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19480  
SPRINGFIELD IL 62794-9480**