



RB-30 Application for Provider of Premises License

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

Step 1: Identify your business or organization

1 Federal employer identification number (FEIN)
 FEIN: _____ - _____
 Proprietorships must provide the Social Security number (SSN) under which taxes will be filed.
 SSN: _____ - _____ - _____

2 Legal business name:

3 Doing-business-as (DBA), assumed, or trade name, if different from Line 2:

4 Primary or legal business address:

 Street address - **No** PO Box number Apartment or suite number

 City State ZIP

5 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

6 Check the organization type that applies to you:
 Proprietorship
 _____ Check if owned by a married couple or civil union
 Partnership Trust or estate
 Corporation* S Corp (Subchapter S Corporation)*
 *Is your corporation publicly traded? ___ Yes ___ No
 If yes, provide the ticker symbol _____
 Governmental unit Not-for-profit organization
 LLC - Corporation LLC - Partnership
 LLC - Single member
 _____ Check if disregarded

7 Illinois Secretary of State identification number:
 _____ - _____ - _____

8 Is your business part of a unitary group? ___ Yes ___ No
 If "Yes", provide the FEIN of your designated agent (the entity responsible for filing your Illinois income tax return):
 FEIN: _____ - _____

9 Identify a contact person regarding your business.
 Name: _____ Title: _____
 Phone: (_____) _____ - _____ Ext.: _____
 FAX: (_____) _____ - _____
 Email address: _____

Step 2: Identify your owners and officers - If you need to identify more, attach Schedule REG-1-O.

10 Identification depends on the organization type you selected in Step 1, Line 6 (proprietorship - owner(s); partnership - general partners; non-publicly traded corporation - president, secretary, and treasurer; publicly traded corporation - chief operating officer and chief financial officer; trust or estate - trustee(s) or executor(s); governmental unit - one contact person; not-for-profit organization - president, secretary, or treasurer; limited liability company - managers and members). For each individual or business required, complete the following information.

Individuals: (include Social Security number (SSN))

a _____
 Name Title

 Home address - **No** PO Box number City State ZIP

 Date of birth (_____) Phone - _____
 _____ - _____ Ownership percentage: _____
 Social Security number

b _____
 Name Title

 Home address - **No** PO Box number City State ZIP

 Date of birth (_____) Phone - _____
 _____ - _____ Ownership percentage: _____
 Social Security number

c _____
 Name Title

 Home address - **No** PO Box number City State ZIP

 Date of birth (_____) Phone - _____
 _____ - _____ Ownership percentage: _____
 Social Security number

d _____
 Name Title

 Home address - **No** PO Box number City State ZIP

 Date of birth (_____) Phone - _____
 _____ - _____ Ownership percentage: _____
 Social Security number

Businesses: (include federal employer identification number (FEIN))

a _____
 Name FEIN

 Legal address

 City State ZIP
 (_____) Phone - _____ Ownership percentage: _____

b _____
 Name FEIN

 Legal address

 City State ZIP
 (_____) Phone - _____ Ownership percentage: _____

Step 3: Complete the following information

11 The persons listed in Step 2 are prohibited by law from holding any interest in a business licensed as a charitable game supplier.

Do you or any of the persons listed in Step 2 have such an interest? Yes No

12 Where is the premises you will provide?

Street address - **NO** PO Box

City State ZIP

County

Is this facility owned by a unit of local government?

___ Yes ___ No

Step 4: Type of license you are applying for - Check one - (Note: The fee paid with your application is not refundable.)

If you are applying for a

One year bingo provider license, the fee is **\$200**.

One year charitable games provider license, the fee is **\$50**.

If you are applying for a

Three year bingo provider license, the fee is **\$600**.

Three year charitable games provider license, the fee is **\$150**.

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 completed 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**

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 could result in this form not being processed and may result in a penalty.