



Illinois Department of Revenue

RCG-7 Application for Charitable Games Supplier's 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 contact 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
 (____) _____ - _____ Ownership percentage: _____
 Phone

b _____
 Name FEIN

 Legal address

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

