



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.

Read this information first

To qualify for a license to sell pull tabs and jar 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 pull tabs and jar games 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 pull tabs and jar games.

For more information about the laws, rules, and regulations governing the pull tabs and jar games tax acts, visit our website at tax.illinois.gov and review the Pull Tabs and Jar Games Act (230 ILCS 20/1 to 20/7.3) and 86 Ill. Admin. Code Part 432.

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 pull tabs and jar games 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 - sell pull tabs and jar games on a continuous basis - **\$500 annual fee**

What is the address where you will be selling the pull tabs and jar games?

Address: _____
Street address-No PO Box Apartment or suite number City County State ZIP

Is this location owned or occupied by your organization for use by your members for general activities? ___ Yes ___ No

If no, the pull tabs and jar games must be sold during a licensed bingo event; provide the bingo license number. **B-** _____

Special - have a regular pull tabs and jar games license but you want to hold a single event at a different location - **No fee**

Provide the location address and date.

Event date: ____/____/____ to ____/____/____
Month Day Year Month Day Year

Event location: _____
Street address-No PO Box Apartment or suite number City County State ZIP

Limited - sell pull tabs and jar games no more than two times a year for a maximum of five consecutive days for each event - **\$50 fee**

Provide the location address and date. 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.

First event date: ____/____/____ to ____/____/____

Second event date: ____/____/____ to ____/____/____

Street address - No PO Box number Apartment or suite number

Street address - No PO Box number Apartment or suite number

City State ZIP

City State ZIP

County

County

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 pull tabs and jar games license, the fee is **\$500**.

One year limited pull tabs and jar games 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 completed forms 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**