Illinois Department of Revenue

RCG-1-E Charitable Games, Bingo, or Pull Tabs Events Updates

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. Mail your completed information to OFFICE OF BINGO AND CHARITABLE GAMES, ILLINOIS DEPARTMENT OF REVENUE, PO BOX 19480, SPRINGFIELD IL 62794-9480.

Step 1: Check the box that best describes why you are completing this schedule
Complete this form only if you need to provide or change required information about your events and you hold a license for one of the following: charitable games, pull tabs and jar games, or bingo. Note: The information must be submitted no less than 30 days prior to the event.

☐ Add an event or events  ☐ Change event or events previously scheduled

Step 2: Identify your organization
Organization name: ______________________ Account license number: ______________________ FEIN: ______________________

Step 3: Provide the following information for your licensed events

3 Charitable Games - You must also complete and retain in your records Forms RCG-2 and RCG-10 for each of the events listed below.

<table>
<thead>
<tr>
<th>Event date</th>
<th>Event location</th>
<th>Street address</th>
<th>City</th>
<th>County</th>
<th>State</th>
<th>ZIP</th>
<th>Do you own or occupy this premises?</th>
<th>Yes</th>
<th>No</th>
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</table>

If no, enter the provider of premises license. CP-____________

4 Tell us about the gambling equipment used in your charitable games events.

a Does your organization own any of the gambling equipment you will use in your charitable games event? _____ Yes _____ No
b If “yes,” you must complete Form RCG-9. If “no,” provide the following information for all persons or organizations from whom you will purchase, lease, rent, or borrow any gambling equipment used at your charitable games event. Attach additional sheets if necessary.

<table>
<thead>
<tr>
<th>Supplier’s license number</th>
<th>Name</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
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<td>or if borrowed, charitable games license no. CG-</td>
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</table>

5 Pull Tabs and Jar Games

Special Permit

Event date: / / to / /

Event location:

Street address - No PO Box City County State ZIP
5 Pull Tabs and Jar Games - continued

**Limited License**

a First event: __/__/____ to __/__/____

Month Day Year Month Day Year

Street address - No PO Box number Apartment or suite number

City State ZIP

b Second event: __/__/____ to __/__/____

Month Day Year Month Day Year

Street address - No PO Box number Apartment or suite number

City State ZIP

6 Bingo

**Special Permit**

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 Hour Minute

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 Hour Minute

**Limited License**

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 Hour Minute

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 Hour Minute

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: 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. I certify that I will follow Illinois laws and regulations when conducting event or events under my license.

Signature Printed name Date

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.