



RCG-1 Charitable Games Application for License

License no. _____

License issued _____

Read this information first

Do not write above this line

To qualify for a license to conduct charitable games, your organization must

- be nonprofit and have a federal exemption letter 501(c)(3), 501(c)(4), 501(c)(5), 501(c)(8), 501(c)(10), or 501(c)(19);
- have been organized and in existence in Illinois for at least the past five years or affiliated with and chartered by a national organization for two years and have had members carrying out the organization's goals during either period;
- not compensate any persons who participate in the management or operation of charitable games; and
- not have any officers, directors, employees, workers, or operators of charitable games who have been convicted of a felony within the last 10 years or who have been convicted of a gambling offense.

We must receive your application at least 30 days prior to the first event you request. You must answer all questions on this application (write N/A if not applicable) and attach all required documentation. We cannot issue a license to you if these requirements are not met.

Each charitable games license is valid only for the locations shown on the license for each event date. Charitable games can be played only between noon and 2 a.m.

Step 1: Identify your organization

Organization's name _____

List all of the following numbers that your organization has been assigned.

Physical address _____
Number and street

FEIN _____ - _____
Federal employer identification number

City _____ State _____ ZIP _____

IBT number _____ - _____
Illinois business tax number

County _____ (_____) _____
Telephone number

Mailing address _____
Number and street, or post office box

Bingo license no. _____

City _____ State _____ ZIP _____

Pull tabs license no. _____

Step 2: Tell us about your organization

1 Is your organization exempt from paying federal income tax?
_____ yes _____ no

If "yes," attach Form 501-C from the Internal Revenue Service.
If "no," do not complete this application; you do not qualify for a license.

2 Check the type of your nonprofit organization.

- | | |
|--------------------------|--|
| _____ charitable | _____ labor |
| _____ educational | _____ religious |
| _____ veterans | _____ fraternal |
| _____ veterans auxiliary | _____ local fraternal mutual benefit
(chartered 40 years) |

3 How many members does your organization have, and how long has your organization had members carrying out its goals?

Number of members _____ Length of time _____

4 Is your organization incorporated? _____ yes _____ no
If "yes," in which state and on what date was it incorporated?
State: _____ Date: _____

(If this is the first time you are applying for this license, attach a copy of the articles of incorporation.)

5 Will you be selling food or beverages at more than two of your events? _____ yes _____ no

6 Does your organization own any of the gambling equipment you will use in your charitable games event? _____ yes _____ no
If "yes," you must complete Form RCG-9, Application for Ownership Permit, and include the initial application fee of \$50. Form RCG-9 must be completed and sent to us every year.

Step 3: Tell us about people in your organization

1 Who is responsible for filing tax returns?

Name _____

Street address _____

City, state, ZIP _____

Daytime telephone(_____) _____

2 Who should we contact in case of questions or problems?

Name _____

Street address _____

City, state, ZIP _____

Daytime telephone (_____) _____

▶ Please turn the page and continue completing Steps 3-5.

Step 3: Tell us about people in your organization (continued)

3 List the following information for all persons or organizations from whom you will purchase, lease, rent, or borrow any gambling equipment used in your charitable games events. Attach additional sheets if you have more than two suppliers.

Name _____
 Street address _____
 City, state, ZIP _____
 Supplier's license number _____
 or if borrowed, charitable games license no. _____

Name _____
 Street address _____
 City, state, ZIP _____
 Supplier's license number _____
 or if borrowed, charitable games license no. _____

4 List the following information about the organization's president, secretary, and person in charge of conducting the charitable games.

a President's name _____
 Social Security number _____ - _____ - _____
 Street address _____
 City, state, ZIP _____
 Birth date ____/____/____ Race* _____
 Daytime telephone(____) _____

c Person-in-charge name _____
 Social Security number _____ - _____ - _____
 Street address _____
 City, state, ZIP _____
 Birth date ____/____/____ Race* _____
 Daytime telephone (____) _____

b Secretary's name _____
 Social Security number _____ - _____ - _____
 Street address _____
 City, state, ZIP _____
 Birth date ____/____/____ Race* _____
 Daytime telephone(____) _____

* **A** - Asian or Pacific Islander; **B** - Black; **I** - American Indian or Alaskan Native; **W** - White; or **O** - Other

Step 4: Tell us about your charitable games events

1 Do you own or lease the premises where charitable games will be played? _____ own _____ lease
 If you lease the premises specifically for the conduct of charitable games, attach a copy of your lease agreement.

2 Write next to each type of game the number of stations you will be operating during the events depicted in your drawing.

_____ roulette	_____ bang	_____ chuck-a-luck
_____ blackjack	_____ beat the dealer	_____ keno
_____ poker	_____ big six	_____ hold-em poker
_____ pull tabs	_____ gin rummy	_____ merch. wheel
_____ craps	_____ five card stud	

3 List the dates, times, and locations of each charitable games event. Also write the license number of the provider of each location where your events will be held and the name of the law enforcement office that has jurisdiction over each location.

a _____/_____/_____
 Month Day Year Hour : Minute a.m. to _____ : _____ a.m.
 p.m. p.m.
 Number and street _____
 City, state, ZIP _____
 County _____ CP# _____
 Law enforcement office _____

c _____/_____/_____
 Month Day Year Hour : Minute a.m. to _____ : _____ a.m.
 p.m. p.m.
 Number and street _____
 City, state, ZIP _____
 County _____ CP# _____
 Law enforcement office _____

b _____/_____/_____
 Month Day Year Hour : Minute a.m. to _____ : _____ a.m.
 p.m. p.m.
 Number and street _____
 City, state, ZIP _____
 County _____ CP# _____
 Law enforcement office _____

d _____/_____/_____
 Month Day Year Hour : Minute a.m. to _____ : _____ a.m.
 p.m. p.m.
 Number and street _____
 City, state, ZIP _____
 County _____ CP# _____
 Law enforcement office _____

Step 5: Sign below

Under penalties of perjury, I state that I have read the charitable games rule book. I also state that I have examined this application and, to the best of my knowledge, it is true, correct, and complete.

President's signature: _____ / / _____
 Date
 Secretary's signature: _____ / / _____
 Date

Make your check for \$200 payable to "Illinois Department of Revenue." If you have questions, call 217 524-4164
 Mail your application and payment to:



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