



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**APPLICATION FOR LICENSE TO
MANUFACTURE OR DISTRIBUTE
BINGO GAME CARDS**

L-2128
(Rev. 3/9/99)
4217

Application must be received in the Columbia Office of the Department of Revenue no later than 45 days prior to renewal date. **Mail application and make check payable to the South Carolina Department of Revenue, Regulatory Division, Columbia, SC 29214-0026. Telephone (803) 898-5393.**

The application must be filed in original form, and all signatures must be original. We cannot accept carbon or photo copy applications nor stamped, traced, facsimile, or other signatures.

FOR OFFICE USE ONLY	
General Fund \$	_____
Cash-M. O.-Check	_____
License No.	_____
Expiration	_____
Date License Issued	_____

Type of Business:

Manufacture - \$5,000.00 Fee

Distributor - \$2,000.00 Fee

COMPLETE BOTH SIDES OF THIS APPLICATION

PLEASE PRINT OR TYPE ALL INFORMATION

Business phone number _____ Federal Identification Number _____

1. Business Name _____
Print - Do not write

2. Mailing Address _____
Street No. - RFD City and State Zip Code

3. Name of Owner _____

4. Business Address _____
Street No. - RFD City County State Zip Code

5. Location of records (No PO Box) _____
Name _____
Street No. City and State Zip Code _____
Phone Number _____

6. Type of ownership

- SOLE PROPRIETOR (one owner) LLC/LLP
- PARTNERSHIP (two or more owners) UNINCORPORATED ASSOCIATION: ENTER LEGAL NAME. _____
- OTHER (EXPLAIN) _____ SC CORPORATION DATE INC. _____
- FOREIGN CORPORATION (attach copy of articles or certificate of authority).

7. NAME(S) OF BUSINESS OWNER, PARTNERS, OR OFFICERS & STOCKHOLDERS OF TEN PERCENT OR MORE

SOCIAL SECURITY NUMBER	NAME/POSITION HELD	HOME ADDRESS	IF PARTNER PERCENT OWNED

8. Do you currently have a bond on file with the Department of Revenue?
_____ Yes _____ No

If yes, what is the value of the bond? \$ _____

If no, you must submit a bond per Section 12-21-4230 S.C. Code.
Value of bond submitted? _____

AFFIDAVIT

STATE OF SOUTH CAROLINA

County of _____

I, _____,

(Title)

Firm or _____,

Swear (or affirm) that the information contained herein is to the

best of my knowledge and belief, true and correct.

Applicant