



STATE OF SOUTH CAROLINA
SOUTH CAROLINA DEPARTMENT OF REVENUE
**APPLICATION FOR BINGO LICENSE
NON PROFIT ORGANIZATION**

L-2058
(Rev. 9/26/08)
4137

For the Year of _____

This 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, Bingo Enforcement, Columbia, SC 29214-0026, telephone 803-898-5393.

Do Not Write in This Space
General fund \$ _____
Cash-M. O.-Check _____

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.

Audited by _____

Date _____

File # _____

This application is for the class license as checked (one only):

1-4-2561

- 1) Class AA - \$4,000.00 fee
- 2) Class B - \$1,000.00 fee
- 3) Class C - no fee
- 4) Class E - \$500.00 fee
- 5) Class F- \$100.00 fee

1. Name as Chartered with SC Secretary of State _____

Street Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Number _____ FEI # _____ SC Withholding # _____

2. Enter the date the organization was chartered by SC Secretary of State's Office _____. Attach a copy of the organization's SC charter and a copy of the by-laws. If the organization operates in SC under a group ruling or charter from a national organization, you must attach a currently dated letter from the national organization organization that states the organization is under the direct policy control of the national organization and that the organization is in good standing. Give the following information on the national organization.

Name _____

Mailing Address _____

City _____ County _____ State _____ Zip _____

3. State the Doing Business as Name, address and times you intend to conduct Bingo Games.

Doing Business As Name _____

Street Address _____

City _____ County _____ State _____ Zip _____

Day(s) of the Week _____ Hours of Operation _____ Phone Number _____

- 4. If you have been added within the past year to your national organization group ruling, has the national organization notified the IRS of your addition? Yes No
- 5. Is your organization operating exclusively for charitable, religious or fraternal purposes and exempt from federal income taxes? Yes No

A copy of the Internal Revenue Service letter must be attached.

6. Does your organization file a SC990T with the Department of Revenue? Yes No

7. State the specific purpose(s) for which the bingo net proceeds will be used. _____

8. List the name, home address, social security number and telephone number of your designated promoter as defined by Section 12-21-3940.

_____	_____	_____
Name	Home Address	S.S. # or F.E.I. #

Phone Number		

Attach a copy of the contract between the organization and promoter.

9. Is the organization leasing or renting equipment, furniture, fixtures, or buildings from the promoter?
Yes No

If yes, attach a copy of lease or rental agreements stating the lease or rental amount and a copy of your labeled floor plan.

10. Is the organization leasing or renting equipment, furniture, fixtures, or building from anyone other than promoter?
Yes No

If yes, attach a copy of lease or rental agreements stating the lease or rental amount.

11. If the answer to number nine is yes, is the lessor related to the promoter in any way by blood, marriage, or business affiliations? Yes No

If yes, state relationship/affiliation. _____

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

If yes, what is the value of that bond? \$_____ If no, you must submit a bond per Section 12-21-4230 South Carolina Code.

13. Your books and records are in care of _____

Name		
_____	_____	_____
Physical Location Address	City	State

_____	_____	
Zip Code	Phone Number	

14. Enter month the annual accounting period ends. _____

15. Will there be any retail sales of tangible personal property, e.g. snacks, t-shirts, etc., made for the convenience of your customers? Yes No

If yes, enter Sales Tax License _____.

16. Are there other business activities being conducted at the bingo location, other than those referenced to in number fifteen e.g. coin-operated devices? Yes No

If yes, state nature of business activities and attach a copy of any and all contract(s) and/or agreement(s).

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17. Per Section 12-21-4090 of the Bingo Act, give name, address of financial institution, and account number of special accounts.

Bingo Checking Account (Required)

Name of financial institution _____

Address _____
Street City State Zip

Account Number _____

Bingo Savings Account (Optional)

Name of financial institution _____

Address _____
Street City State Zip

Account Number _____

Organizational(s) Operating Checking Account (Required)

Name of financial institution _____

Address _____
Street City State Zip

Account Number _____

Organizational(s) Operating Savings Account (Optional)

Name of financial institution _____

Address _____
Street City State Zip

Account Number _____

18. Provide the following information for all partners, officers of the organization and stockholders of ten percent or more:

Name	Position Held	Home Address	S.S. #	Phone #	DOB

Attach additional sheet, if necessary.

19. Provide the name(s) of individual authorized to pick-up Bingo Vouchers:

Name	Home Address	S.S. #	D.L. #	DOB

20. A COPY OF THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THIS APPLICATION.

- a. Membership list of past 12 months including address(s) and phone number(s).
- b. Financial statements showing gross income and expenses for current and previous 3 years.
- c. Minutes of meeting of the past 24 months.
- d. List of charitable activities for the past three years.
- e. List of assets owned by organization.

21. Provide the following information for each person who will work at the proposed bingo games and who will receive compensation for the work. Under Section 12-21-4060 of Bingo Tax Act, a person who has been convicted within the last twenty years of violating a state or federal criminal statute relating to gaming or gambling, or who had been convicted of any other crime that has a sentence of two or more years, or where applicable, whose promoters license has been revoked by the department is not permitted to manage or conduct a game or assist in any manner with the bingo operation.

Name	Home Address	Work to be Performed	S.S. #	Phone #	DOB	Ever Convicted?

Attach additional sheet, if necessary.

AFFIDAVIT

STATE OF SOUTH CAROLINA

County of _____

I, _____, _____ of the
(Please Print) (Title)

_____ nonprofit organization swear (or affirm) that the information contained herein and on the attached sheets is, to the best of my knowledge and belief, true and correct, that the game of Bingo will be conducted as outlined in Sections 12-21-3910 and 12-21-3920 of the S.C. Code, and that the nonprofit organization will advise the Department, in writing, within 30 days of any changes in the information supplied on this application. Furthermore, I swear (or affirm) under penalties of perjury that this organization is not primarily engaged in the business of conducting Bingo.

Sworn to and subscribed before me this

_____ day of _____, 19 _____

 Signature

 (Notary Public for S.C.)

 If partnership, all partners must sign.