



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

- |   |  |
|---|--|
| <input type="checkbox"/> SOLE PROPRIETOR<br>(one owner)<br><br><input type="checkbox"/> PARTNERSHIP<br>(two or more owners)<br><br><input type="checkbox"/> OTHER (EXPLAIN) _____ | <input type="checkbox"/> LLC/LLP<br><input type="checkbox"/> UNINCORPORATED ASSOCIATION: ENTER LEGAL NAME. _____<br><input type="checkbox"/> SC CORPORATION DATE INC. _____<br><input type="checkbox"/> 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