



RB-2 Application for Bingo Supplier's License

Register faster using MyTax Illinois at mytax.illinois.gov. If you have questions, visit our website at tax.illinois.gov or call us weekdays between 8:00 a.m. and 4:30 p.m. at 217 558-7425 or email at rev.bptcg@illinois.gov.

Step 1: Identify your business or organization

1 Federal employer identification number (FEIN)
FEIN: _____

Proprietorships must provide the Social Security number (SSN) under which taxes will be filed.

SSN: _____

2 Legal business name:

3 Doing-business-as (DBA), assumed, or trade name, if different from Line 2:

4 Primary or legal business address:

Street address - No PO Box number Apartment or suite number
City State ZIP

5 Mailing address if different from the address above:

In-care-of name
Street address or PO Box number Apartment or suite number
City State ZIP

6 Check the organization type that applies to you:
 Proprietorship
_____ Check if owned by a married couple or civil union
 Partnership Trust or estate
 Corporation* S Corp (Subchapter S Corporation)*
*Is your corporation publicly traded? _____ Yes _____ No
If yes, provide the ticker symbol _____
 Governmental unit Not-for-profit organization
 LLC - Corporation LLC - Partnership
 LLC - Single member
_____ Check if disregarded

7 Illinois Secretary of State identification number:
_____ - _____ - _____ - _____

8 Is your business part of a unitary group? ___ Yes ___ No
If "Yes", provide the FEIN of your designated agent (the entity responsible for filing your Illinois income tax return):
FEIN: _____

9 Identify a contact person regarding your business.
Name: _____ Title: _____
Phone: (_____) _____ - _____ Ext.: _____
FAX: (_____) _____ - _____
Email address: _____

Step 2: Identify your owners and officers - If you need to identify more, attach Schedule REG-1-O.

10 Identification depends on the organization type you selected in Step 1, Line 6 (proprietorship - owner(s); partnership - general partners; non-publicly traded corporation - president, secretary, and treasurer; publicly traded corporation - chief operating officer and chief financial officer; trust or estate - trustee(s) or executor(s); governmental unit - one contact person; not-for-profit organization - president, secretary, or treasurer; limited liability company - managers and members). For each individual or business required, complete the following information.

Individuals: (include Social Security number (SSN))

a
Name Title
Home address - No PO Box number City State ZIP
Date of birth (_____) Phone - _____
Social Security number Ownership percentage: _____

b
Name Title
Home address - No PO Box number City State ZIP
Date of birth (_____) Phone - _____
Social Security number Ownership percentage: _____

c
Name Title
Home address - No PO Box number City State ZIP
Date of birth (_____) Phone - _____
Social Security number Ownership percentage: _____

d
Name Title
Home address - No PO Box number City State ZIP
Date of birth (_____) Phone - _____
Social Security number Ownership percentage: _____

Businesses: (include federal employer identification number (FEIN))

a
Name FEIN
Legal address
City State ZIP
(_____) Phone - _____ Ownership percentage: _____

b
Name FEIN
Legal address
City State ZIP
(_____) Phone - _____ Ownership percentage: _____

Step 3: List all locations where your equipment is stored - Attach additional sheets if necessary

a

Street address - No PO Box number _____ Apartment or suite number _____

City _____ State _____ ZIP _____

County _____

d

Street address - No PO Box number _____ Apartment or suite number _____

City _____ State _____ ZIP _____

County _____

b

Street address - No PO Box number _____ Apartment or suite number _____

City _____ State _____ ZIP _____

County _____

e

Street address - No PO Box number _____ Apartment or suite number _____

City _____ State _____ ZIP _____

County _____

c

Street address - No PO Box number _____ Apartment or suite number _____

City _____ State _____ ZIP _____

County _____

f

Street address - No PO Box number _____ Apartment or suite number _____

City _____ State _____ ZIP _____

County _____

Step 4: Type of license you are applying for - Check one - (Note: The fee paid with your application is not refundable.)

If you are applying for a

- One year bingo** supplier license, the fee is **\$200**.
- Three year bingo** supplier license, the fee is **\$600**.

Make your check or money order payable to the "Illinois Department of Revenue."

Step 5: 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.

Signature _____ Printed name _____ Date _____

Mail your completed form along with any attachments and payment to:

**OFFICE OF BINGO AND CHARITABLE GAMES 3-215
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19480
SPRINGFIELD IL 62794-9480**

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.