Illinois Department of Revenue

PT-6 Application for Pull Tabs and Jar Games 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 rev.bptcg@illinois.gov.

Read this information first

To qualify for a license to sell pull tabs and jar games, your organization must

- · be not-for-profit;
- have been organized and in existence in Illinois for at least the past five years or affiliated and chartered with a national organization for two years and have had members carrying out the organization's goals during either period;
- not have any officers, directors, employees, or persons participating in the management or operation of pull tabs and jar games who have been convicted of a felony within the last 10 years or who have been convicted of a violation of Article 28 of the Criminal Code of 2012; and
- not compensate persons participating in the management or operation of pull tabs and jar games.

For more information about the laws, rules, and regulations governing the pull tabs and jar games tax acts, visit our website at tax.illinois.gov and review the Pull Tabs and Jar Games Act (230 ILCS 20/1 to 20/7.3) and 86 III. Admin. Code Section 432.110.

	ep 1: Identify your organization	J11	5 Check the orga	mzadon type an	at applies it	you:		
1	Federal employer identification number (F	Corporation* S Corp (Subchapter S Corporation)* Not-for-profit organization 6 Charitable organizations applying for a new regular or limited pull tabs and jar games license must provide the following: • A copy of your organization's bylaws and one of the following: - Constitution,						
	FEIN:							
2	Organization name:							
3	Primary or legal business address:	- Charter, o	or f incorporation;		om each of			
	Street address - No PO Box number Apa	the preceding five organization, for a	years, or if you	are chartere	d by a nationa			
	City	A copy of your 501(c) letter from the Internal Revenue						
4	Mailing address if different from the addre	Service regarding your tax-exempt status. Note: If renewing your license, you do not have to provide the above information.						
	In-care-of name	7 Identify a contact person regarding your business.						
	Street address or PO Box number Apartm	Name:	Title:					
			Phone: ()		Ext.:		
	City	34-4- ZID	•	,				
	City	State ZIP	FAX· ()	_			
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	City	otate ZIP	FAX: (Email address:	,				
	ep 2: Identify your officers an	d the person in o	Email address:					
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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.

Step 3: Type o	of license you	are applying fo	r - Check d	one						
		imes on a continuou ill be selling the pull								
Address:	ldress- No PO Box	Apartment or suite	e number	City		Cour	nty	State	ZIP	
Is this location	owned or occupied	d by your organization	on for use	by your me	mbers for	general act	ivities?	Yes _	No	
If no, the pull ta	abs and jar games	must be sold during	a licensed	d bingo eve	ent; provide	e the bingo	license nui	mber. B		
Provide the loca	ation address and	and jar games licel date.	nse but you	u want to h	old a singl	e event at a	different lo	ocation - <i>No</i>	fee	
Event location:	Street address- No PO Box	Apartment or suite	e number	City		Cour	nty	State	ZIP	
Provide the loca Form RCG-1-E First event	ation address and	ar games no more the date. If, at this time, ays prior to the ever	you do no	•	en the ever		eld you mu	•		
Street address - No PO Box n	number	Apartment or suite number		Street add	ress - No PO Bo	ox number	A	partment or suite	number	
City	County	State	ZIP	City		Cou	nty	State		ZIP
	ng for a regular pull tabs ar imited pull tabs ar	nd jar games license	e, the fee is	\$500. \$50.		refundable.)			
Step 5: Sign k Under the penalties of my knowledge, it	of perjury, I state t		I this applic	cation and	all attachn	nents and of	ther inform	ation require	ed and to t	he bes
Signature			Printe	ed name					Date	
Mail your form	along with any at	tachments and pay	ment to:	OF	FICE OF	BINGO AN	D CHARI	TABLE GAI	MES 3-21	5

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