



RCG-1-E Charitable Games, Bingo, or Pull Tabs Events Updates

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. The police department or, if in an unincorporated area, each sheriff's office whose jurisdiction includes the premises on which the charitable games events are authorized under the license must be notified of all originally scheduled, added, changed, or canceled events (230 ILCS 30/4.4).

Step 1: Check the box that best describes why you are completing this schedule

Complete this form only if you need to provide or change required information about your events and you hold a license for one of the following: charitable games, pull tabs and jar games, or bingo. **Note:** The information must be submitted no less than 30 days prior to the event.

- Add an event or events
- Change event or events previously scheduled

Step 2: Identify your organization

Organization name: _____ Account license number: _____ FEIN: _____

Step 3: Provide the following information for your licensed events

Charitable Games - You must also complete and retain in your records **Forms RCG-2 and RCG-10** for each of the events listed below.

<p>a _____ : _____ a.m. to _____ : _____ a.m. <small>Month Day Year Hour Minute p.m. Hour Minute p.m.</small></p> <p>_____ <small>Street address - No PO Box number Apartment or suite number</small></p> <p>_____ <small>City County State ZIP</small></p> <p>Do you own or occupy this premises? ____ Yes ____ No</p> <p>If no, enter the provider of premises license. CP- _____</p>	<p>c _____ : _____ a.m. to _____ : _____ a.m. <small>Month Day Year Hour Minute p.m. Hour Minute p.m.</small></p> <p>_____ <small>Street address - No PO Box number Apartment or suite number</small></p> <p>_____ <small>City County State ZIP</small></p> <p>Do you own or occupy this premises? ____ Yes ____ No</p> <p>If no, enter the provider of premises license. CP- _____</p>
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<p>b _____ : _____ a.m. to _____ : _____ a.m. <small>Month Day Year Hour Minute p.m. Hour Minute p.m.</small></p> <p>_____ <small>Street address - No PO Box number Apartment or suite number</small></p> <p>_____ <small>City County State ZIP</small></p> <p>Do you own or occupy this premises? ____ Yes ____ No</p> <p>If no, enter the provider of premises license. CP- _____</p>	<p>d _____ : _____ a.m. to _____ : _____ a.m. <small>Month Day Year Hour Minute p.m. Hour Minute p.m.</small></p> <p>_____ <small>Street address - No PO Box number Apartment or suite number</small></p> <p>_____ <small>City County State ZIP</small></p> <p>Do you own or occupy this premises? ____ Yes ____ No</p> <p>If no, enter the provider of premises license. CP- _____</p>
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4 Tell us about the gambling equipment used in your charitable games events.

a Does your organization own any of the gambling equipment you will use in your charitable games event? ____ Yes ____ No

b If "yes," you must complete **Form RCG-9**. If "no," provide the following information for all persons or organizations from whom you will purchase, lease, rent, or borrow any gambling equipment used at your charitable games event. Attach additional sheets if necessary.

<p>_____ <small>Name</small></p> <p>_____ <small>Street address - No PO Box number City State ZIP</small></p> <p>Supplier's license number CS- _____</p> <p>or if borrowed, charitable games license no. CG- _____</p>	<p>_____ <small>Name</small></p> <p>_____ <small>Street address - No PO Box number City State ZIP</small></p> <p>Supplier's license number CS- _____</p> <p>or if borrowed, charitable games license no. CG- _____</p>
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5 Pull Tabs and Jar Games

Special Permit

Event date _____ to _____
Month Day Year Month Day Year

Event location: _____
Street address-No PO Box City County State ZIP

5 Pull Tabs and Jar Games - *continued*
Limited License

a First event: _____ to _____
Month Day Year Month Day Year

b Second event: _____ to _____
Month Day Year Month Day Year

Street address - No PO Box number Apartment or suite number

City State ZIP

County

Street address - No PO Box number Apartment or suite number

City State ZIP

County

6 Bingo
Special Permit

a First event: _____ to _____
Month Day Year Month Day Year

b Second event: _____ to _____
Month Day Year Month Day Year

At what time will bingo begin and end:

_____ : _____
Hour Minute
a.m. p.m. to _____ : _____
Hour Minute
a.m. p.m.

At what time will bingo begin and end:

_____ : _____
Hour Minute
a.m. p.m. to _____ : _____
Hour Minute
a.m. p.m.

Limited License

a First event: _____ to _____
Month Day Year Month Day Year

b Second event: _____ to _____
Month Day Year Month Day Year

At what time will bingo begin and end:

_____ : _____
Hour Minute
a.m. p.m. to _____ : _____
Hour Minute
a.m. p.m.

At what time will bingo begin and end:

_____ : _____
Hour Minute
a.m. p.m. to _____ : _____
Hour Minute
a.m. p.m.

Street address - No PO Box number Apartment or suite number

City State ZIP

County

Street address - No PO Box number Apartment or suite number

City State ZIP

County

Is this location owned or occupied by your organization

or a unit of local government? Yes No

If **no**, enter the bingo provider of premises license number.

BP- _____

Is this location owned or occupied by your organization

or a unit of local government? Yes No

If **no**, enter the bingo provider of premises license number.

BP- _____

Step 4: 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. I certify that I will follow Illinois laws and regulations when conducting event or events under my license.

Signature Printed name Date

Mail your completed form, with any required 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.