



# RCG-1 Application for Charitable Games License

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## Read this information first

To qualify for a license to conduct charitable games, your organization must

- be non-profit and have a federal exemption letter 501(c)(3), 501(c)(4), 501(c)(5), 501(c)(8), 501(c)(10), or 501(c)(19);
- have been organized and in existence in Illinois for at least the past five years or affiliated with and chartered by a national organization for two years and have had members carrying out the organization's goals during the applicable period; and
- not have any officers, directors, employees, workers, or operators of charitable 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.

## Step 1: Identify your organization

1 Federal employer identification number (FEIN)

FEIN: \_\_\_\_\_

2 Organization name:

\_\_\_\_\_

3 Primary or legal business address:

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

\_\_\_\_\_

City    State                      ZIP

4 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

5 Check the organization type that applies to you:

- Corporation\*       S Corp (Subchapter S Corporation)\*
- Not-for-profit organization

6 Organizations applying for a new charitable games license must provide the following:

- A copy of your organization's bylaws and one of the following:
    - Constitution,
    - Charter, or
    - Articles of incorporation; and
  - Copies of a single month's meeting minutes from **each** of the preceding five years, or if you are chartered by a national organization, for a single month from each of the preceding two years
  - A copy of your 501(c) letter from the Internal Revenue Service regarding your tax-exempt status.
- Note: If renewing your license, you do not have to provide the above information.*

7 Identify a contact person regarding your business.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext.: \_\_\_\_\_

FAX: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

## Step 2: Identify your officers and the person in charge

8 Provide the following information for the organization's officers and person in charge. If the officers in your organization change, you must file **Schedule REG-1-O**. **Note:** One person listed below must sign the application.

**a** \_\_\_\_\_ Social Security number \_\_\_\_\_

President's name    Social Security number

Home address - **No** PO Box number      City                      State                      ZIP

\_\_\_\_\_

Date of birth    (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

    Phone

**c** \_\_\_\_\_ Social Security number \_\_\_\_\_

Treasurer's name    Social Security number

Home address - **No** PO Box number      City                      State                      ZIP

\_\_\_\_\_

Date of birth    (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

    Phone

**b** \_\_\_\_\_ Social Security number \_\_\_\_\_

Secretary's name    Social Security number

Home address - **No** PO Box number      City                      State                      ZIP

\_\_\_\_\_

Date of birth    (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

    Phone

**d** \_\_\_\_\_ Social Security number \_\_\_\_\_

Person-in-charge's name\*    Social Security number

Home address - **No** PO Box number      City                      State                      ZIP

\_\_\_\_\_

Date of birth    (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

    Phone

\* Must be a member of the organization and be present for the entire event.

## Step 3: Tell us about the gambling equipment used in your charitable games events

9 Does your organization own any of the gambling equipment you will use in your charitable games event? \_\_\_\_\_ Yes \_\_\_\_\_ No

10 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.

Name \_\_\_\_\_

Street address - No PO Box number                      Apartment or suite number

\_\_\_\_\_

City    State                      ZIP

Supplier's license number **CS**-\_\_\_\_\_

or if borrowed, charitable games license no. **CG**-\_\_\_\_\_

Name \_\_\_\_\_

Street address - No PO Box number                      Apartment or suite number

\_\_\_\_\_

City    State                      ZIP

Supplier's license number **CS**-\_\_\_\_\_

or if borrowed, charitable games license no. **CG**-\_\_\_\_\_

## Step 4: Tell us about your charitable games events

Provide the date, time, location, and provider's license number of each charitable games event. If at this time, you do not know when the events will be held you must submit the information on **Form RCG-1-E** no less than 30 days prior to the event. **Note:** You must complete and retain in your records **Forms RCG-2** and **RCG-10** for each of the events listed below. 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 added, changed, or canceled events (230 ILCS 30/4.4).

### First licensed year: First event

Month Day Year Hour Minute : Minute a.m. p.m. to Hour Minute : Minute a.m. p.m.

Street address - No PO Box number Apartment or suite number

City County State ZIP

Do you own or occupy this premises?  Yes  No

If no, enter provider of premise license number. CP- \_\_\_\_\_

### Second event

Month Day Year Hour Minute : Minute a.m. p.m. to Hour Minute : Minute a.m. p.m.

Street address - No PO Box number Apartment or suite number

City County State ZIP

Do you own or occupy this premises?  Yes  No

If no, enter provider of premise license number. CP- \_\_\_\_\_

### Second licensed year: First event

Month Day Year Hour Minute : Minute a.m. p.m. to Hour Minute : Minute a.m. p.m.

Street address - No PO Box number Apartment or suite number

City County State ZIP

Do you own or occupy this premises?  Yes  No

If no, enter provider of premise license number. CP- \_\_\_\_\_

### Second event

Month Day Year Hour Minute : Minute a.m. p.m. to Hour Minute : Minute a.m. p.m.

Street address - No PO Box number Apartment or suite number

City County State ZIP

Do you own or occupy this premises?  Yes  No

If no, enter provider of premise license number. CP- \_\_\_\_\_

### Third event

Month Day Year Hour Minute : Minute a.m. p.m. to Hour Minute : Minute a.m. p.m.

Street address - No PO Box number Apartment or suite number

City County State ZIP

Do you own or occupy this premises?  Yes  No

If no, enter provider of premise license number. CP- \_\_\_\_\_

### Fourth event

Month Day Year Hour Minute : Minute a.m. p.m. to Hour Minute : Minute a.m. p.m.

Street address - No PO Box number Apartment or suite number

City County State ZIP

Do you own or occupy this premises?  Yes  No

If no, enter provider of premise license number. CP- \_\_\_\_\_

### Third event

Month Day Year Hour Minute : Minute a.m. p.m. to Hour Minute : Minute a.m. p.m.

Street address - No PO Box number Apartment or suite number

City County State ZIP

Do you own or occupy this premises?  Yes  No

If no, enter provider of premise license number. CP- \_\_\_\_\_

### Fourth event

Month Day Year Hour Minute : Minute a.m. p.m. to Hour Minute : Minute a.m. p.m.

Street address - No PO Box number Apartment or suite number

City County State ZIP

Do you own or occupy this premises?  Yes  No

If no, enter provider of premise license number. CP- \_\_\_\_\_

## Step 5: Pay your fee - (Note: The fee paid with your application is not refundable.)

Two year charitable games license fee is **\$400**. Make your check or money order payable to the "Illinois Department of Revenue."

## Step 6: 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 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**

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