



# Illinois Department of Revenue

# PT-6 Application for Pull Tabs and Jar Games License

Register faster using **MyTax Illinois** at [mytax.illinois.gov](http://mytax.illinois.gov). If you have questions, visit our website at [tax.illinois.gov](http://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](mailto: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](http://tax.illinois.gov) and review the Pull Tabs and Jar Games Act (230 ILCS 20/1 to 20/7.3) and 86 Ill. Admin. Code Section 432.110.

## Step 1: Identify your organization

**1** Federal employer identification number (FEIN)

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

**2** Organization name:

\_\_\_\_\_

**3** Primary or legal business address:

Street address - <b>No</b> 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** 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,
  - 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

Home address - <b>No</b> PO Box number	City	State	ZIP
_____	_____	_____	_____

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of birth Phone

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

Treasurer's name

Home address - <b>No</b> PO Box number	City	State	ZIP
_____	_____	_____	_____

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of birth Phone

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

Secretary's name

Home address - <b>No</b> PO Box number	City	State	ZIP
_____	_____	_____	_____

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of birth Phone

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

Person-in-charge's name\*

Home address - <b>No</b> PO Box number	City	State	ZIP
_____	_____	_____	_____

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of birth Phone

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

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.

