



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

Register faster using **MyTax Illinois**, our online account management program, available on our website at tax.illinois.gov. If you have questions, visit our website or call us weekdays between 8:00 a.m. and 4:30 p.m. at 217 785-5864 or email at rev.bptcg@illinois.gov. Mail your completed information to **OFFICE OF BINGO AND CHARITABLE GAMES, ILLINOIS DEPARTMENT OF REVENUE, PO BOX 19480, SPRINGFIELD IL 62794-9480.**

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

3 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.</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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.</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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.</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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.</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? <input type="checkbox"/> Yes <input type="checkbox"/> 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:

At what time will bingo begin and end:

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

_____:_____
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:

At what time will bingo begin and end:

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

_____:_____
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

Is this location owned or occupied by your organization

or a unit of local government? Yes No

or a unit of local government? Yes No

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

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

BP-_____

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

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.