



PT-6 Pull Tabs Application for License

License no. _____

License issued _____

Read this information first

Do not write above this line.

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

- be not-for-profit;
- 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 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 gambling offense; and
- not compensate persons participating in the management or operation of pull tabs and jar games.

Step 1: Identify your organization

Organization name _____

Physical address _____
Number and street

City _____ State _____ ZIP _____

County _____ (_____) _____
Telephone number

Mailing address _____
Number and street or post office box

City _____ State _____ ZIP _____

List all of the following numbers that your organization has been assigned.

FEIN ____ - ____

Illinois business tax number ____ - ____

Bingo license no. _____

Charitable games license no. _____

Step 2: Tell us about your organization

1 Check the type of your nonprofit organization.

- charitable religious
- educational senior citizen
- fraternal veterans
- labor youth athletic

(If this is the first time you are applying for this license, attach a copy of your bylaws and constitution or charter.)

3 How long has your organization had members carrying out its goals? _____

4 Is your organization incorporated? yes no
If "yes," in which state and on what date was it incorporated?

State: _____ Date: _____

(If this is the first time you are applying for this license, attach a copy of the articles of incorporation.)

2 How many members does your organization have? _____

Step 3: Tell us about people in your organization

1 Who is responsible for filing tax returns?

Name _____

Number and street _____

City, state, ZIP _____

Daytime telephone (_____) _____

2 Who should we contact in case of questions or problems?

Name _____

Number and street _____

City, state, ZIP _____

Daytime telephone (_____) _____

► Please turn this application over and continue completing Steps 3-5.



Step 3 continued: Tell us about people in your organization

4 List the following information about the organization's president, secretary, and person in charge of selling pull tabs.

_____ President's name (include middle initial)	____ - ____ - ____ Social Security number	____/____/____ Date of birth	_____ Race*
_____ Street address	_____ City	_____ State	_____ ZIP
			(____)_____ Daytime telephone number
_____ Secretary's name (include middle initial)	____ - ____ - ____ Social Security number	____/____/____ Date of birth	_____ Race*
_____ Street address	_____ City	_____ State	_____ ZIP
			(____)_____ Daytime telephone number
_____ Person in charge's name (include middle initial)	____ - ____ - ____ Social Security number	____/____/____ Date of birth	_____ Race*
_____ Street address	_____ City	_____ State	_____ ZIP
			(____)_____ Daytime telephone number

* **A** — Asian or Pacific Islander; **B** — Black; **I** — American Indian or Alaskan Native; **W** — White; or **O** — Other

Step 4: Tell us about your pull tabs sales

1 In what municipality or county will you make the most money from pull tabs sales?

2 Will you be selling pull tabs on more than two occasions this year?
Each occasion can be no longer than five consecutive days.

_____ yes _____ no

If "yes," go to Item 5. You are applying for a **pull tabs license**.

If "no," go to Item 3. You are applying for a **limited pull tabs license**.

3 What are the two time periods pull tabs will be sold and where will they be sold? **Note:** If the last date is not known at this time, you must let us know the exact date 30 days before the event.

First time period: ____/____/____ to ____/____/____
Month Day Year Month Day Year

Number and street _____
City, state, ZIP _____

Second time period: ____/____/____ to ____/____/____
Month Day Year Month Day Year

Number and street _____
City, state, ZIP _____

4 Make your check for \$50 payable to "Illinois Department of Revenue." Go to Step 5.

5 Where will pull tabs be sold?

Number and street _____
City, state, ZIP _____

6 Do you rent a premises for the purpose of conducting bingo?

_____ yes _____ no

If "yes," pull tabs may be sold on such premises only during your bingo session. Where is this premises located?

Number and street _____
City, state, ZIP _____

7 Make your check for \$500 payable to "Illinois Department of Revenue." Go to Step 5.

Step 5: Sign below

Under penalties of perjury, I state that I have read the pull tabs rule book. I also state that I have examined this application and, to the best of my knowledge, it is true, correct, and complete.

President's signature _____
Date _____

Secretary's signature _____
Date _____

Person in charge's signature _____
Date _____

If you are applying for a

pull tabs license, make your check for **\$500**

limited pull tabs license, make your check for **\$50**

payable to "Illinois Department of Revenue."

Mail your application and payment to:

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