



PT-8 Application for Pull Tab Manufacturer's or Supplier's License

License no. _____
License issued _____

Step 1: Check the type of license for which you are applying

Do not write above this line.

- Manufacturer Supplier

Step 2: Identify your business

Business 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 business has been assigned.

- IBT no. _____ - _____
- FEIN _____ - _____
- Bingo license no. **B -** _____
- Bingo provider's license no. **BP -** _____
- Bingo supplier's license no. **BS -** _____
- Charitable game license no. **CG -** _____
- Charitable game provider's license no. **CP -** _____
- Charitable game supplier's license no. **CS -** _____
- Pull tab license no. **P -** _____
- Pull tab supplier's license no. **PS -** _____
- Pull tab manufacturer's license no. **PM -** _____

Step 3: Tell us about your business

1 Check your type of business ownership.
 Individual Partnership Corporation
 Other (please specify) _____
 If you are a corporation, attach your articles of incorporation and bylaws. If this is a renewal application, attach these items only if they have changed since your last application.

2 When and where was your business established?
 Date ____/____/_____
 City _____ State _____

3 Are you a foreign corporation? yes no
 If "yes," when did you qualify to do business in Illinois?
 Date ____/____/_____

4 Are you doing business under an assumed name?
 yes no
 If "yes" and you are an individual, a partnership, or an other entity, write the county and number of your Assumed Name Certificate.
 County _____ Number _____

If "yes" and you are a corporation, attach a certified copy of your Certificate of Registration.

5 Are you a manufacturer who uses a logo on your pull tabs?
 yes no
 If "yes," attach a copy of your logo. If this is a renewal application, attach your logo only if it has changed since your last application.

Step 4: Identify your director, officers, partners, and stockholders

If your business is owned or operated by another entity, you must also identify the director, officers, partners, and stockholders of that entity. Attach additional sheets if necessary. If you are a partnership or a corporation, you must report to us in writing within 30 days any change in the number or identity of persons owning at least 10 percent of the shares in your business or an entity that owns or operates your business.

1 _____
 Name (include middle initial) Title (if applicable) Social Security number Date of birth ____/____/_____

Street address City State ZIP Race*

2 _____
 Name (include middle initial) Title (if applicable) Social Security number Date of birth ____/____/_____

Street address City State ZIP Race*

3 _____
 Name (include middle initial) Title (if applicable) Social Security number Date of birth ____/____/_____

Street address City State ZIP Race*

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

Step 5: Have each person listed in Step 4 complete the following information

Make a copy of this step for each individual to complete. Attach all completed copies to your application. Attach additional sheets if necessary.

1 Name _____
First Middle Last

2 Previous or maiden name (if applicable)

First Middle Last

3 Home address _____
Number and street

City State ZIP

4 How long have you resided at this address? _____

5a Home phone (_____) _____

b Work phone (_____) _____

6a Date of birth ____/____/____

b Place of birth _____
City State

7 Social Security number ____ - ____ - ____

8a Drivers license number _____

b State of issue _____

c Date of issue ____/____/____
Month Day Year

9 Spouse's name _____
First Middle Last

10 Spouse's previous or maiden name (if applicable)

First Middle Last

11 Are you a U.S. citizen? yes no
If "no," write your registration number. _____

12 What position do you hold with this business?

- sole proprietor stockholder
 director manager
 officer other _____
 partner

13 Describe your duties with this business. _____

14 List all of the following numbers assigned to you or a business or organization in which you have a financial interest or an active role.

IBT no. ____ - ____
FEIN ____ - ____
Bingo license no. **B** - _____
Bingo supplier's license no. **BS** - _____
Bingo provider's license no. **BP** - _____
Charitable game license no. **CG** - _____
Charitable game provider's license no. **CP** - _____
Charitable game supplier's license no. **CS** - _____
Pull tab license no. **P** - _____
Pull tab supplier's license no. **PS** - _____
Pull tab manufacturer's license no. **PM** - _____

15 Write the name and address of each business in which you have a financial interest or an active role.

a Business name _____
Street address _____
City, state, ZIP _____

b Business name _____
Street address _____
City, state, ZIP _____

16 Write your employment history for the past 10 years. List your most current employer first. Include periods of unemployment or education.

a Employer name _____
Street address _____
City, state, ZIP _____
Position held _____
Dates of employment _____
Type of business _____

b Employer name _____
Street address _____
City, state, ZIP _____
Position held _____
Dates of employment _____
Type of business _____

17 List your places of residence during the past 10 years, excluding the home address you provided in Item 3 above.

a Street address _____
City, state, ZIP _____
Dates of residence _____

b Street address _____
City, state, ZIP _____
Dates of residence _____

18 Have you ever been convicted of a felony or a misdemeanor?

yes no
If "yes," explain. _____

19 Do you belong to any organizations not listed in Item 14 that conduct lawful gambling? yes no

If "yes," write the following information for each organization.

a Organization name _____
Street address _____
City, state, ZIP _____
License no. _____

b Organization name _____
Street address _____
City, state, ZIP _____
License no. _____

20 Sign your name _____ Date _____

Step 6: Tell us about people in your organization and others who have an interest in your business (Attach additional sheets if necessary.)

- 1 List the following information for all persons or businesses from whom you will purchase or lease pull tab equipment or supplies.

Name _____
Street address _____
City, state, ZIP _____
Supplier's license number _____

Name _____
Street address _____
City, state, ZIP _____
Supplier's license number _____

- 2 Fill in the following information on persons not listed in Step 4 or 5 who have a direct or indirect financial, proprietary, or other interest in your business, or who have made a loan to you or your business.

Name _____
Street address _____
City, state, ZIP _____
Social Security number _____ - _____ - _____
Date of birth ____/____/____
Month Day Year

Name _____
Street address _____
City, state, ZIP _____
Social Security number _____ - _____ - _____
Date of birth ____/____/____
Month Day Year

Business name _____
Relationship _____ Phone (____) _____
Nature of the interest _____
Date interest was acquired ____/____/____
Month Day Year

Business name _____
Relationship _____ Phone (____) _____
Nature of the interest _____
Date interest was acquired ____/____/____
Month Day Year

Step 7: Answer the following questions (Attach additional sheets if necessary.)

- 1 Have you, one of your employees, or anyone listed in Step 4 or Step 6, Item 2, been convicted of a felony within the last 10 years or a violation of the Criminal Code of 1961, Article 28 (gambling)?
 yes no

- 2 Have you, one of your employees, or anyone listed in Step 4 or Step 6, Item 2, ever been a professional gambler?
 yes no
If "yes," please provide details. _____

- 3 Do you, one of your employees, or anyone listed in Step 4 or Step 6, Item 2, have any interest, either direct or indirect, in a licensee listed in Step 2?
 yes no

- 4 Who is responsible for furnishing records and information about your business?
Name _____
Phone (____) _____

- 5 Where are your business' books and records kept?
Street address _____
City, state, ZIP _____

- 6 List all locations where your equipment is stored.
Street address _____
City, state, ZIP _____

Street address _____
City, state, ZIP _____

Step 8: Sign below

Under penalties of perjury, I state that I have examined this application and, to the best of my knowledge, it is true, correct, and complete. I further certify that I have read and understand the provisions of the department's rules governing manufacturers' or suppliers' licenses and licensees including, but not limited to, Sections 432.130 and 432.140 concerning licensing, production standards, record keeping, and reporting requirements; 432.150 concerning ineligibility for a license; 432.160 concerning restrictions on the sale of pull tabs; 432.180 concerning records and audits; and 432.190 concerning license revocation.

President's signature _____ Date _____

Secretary's signature _____ Date _____

Make your certified check or money order for \$5,000 payable to "Illinois Department of Revenue." Your payment must accompany this application.

Mail your application and payment to:

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

If you have questions, please call our Springfield office weekdays between 8 a.m. and 4:30 p.m. at 217 524-4164.

Affix your corporate seal here.