



RB-40 List of Bingo Workers

Read this information first

In order for the individuals listed in Step 2 to legally participate in the management or operation of your bingo games, all requested information must be complete. In addition, a presiding officer must sign this form.

Note: If, at a later date, you need to revise any information you have submitted on this form, you must file a new Form RB-40.

Step 1: Write your bingo license number

1 Bingo license no. **B** - _____

Step 2: List those who will participate in your bingo games

List below the individuals who will participate in the management or operation of your bingo games. If more than 24 individuals will be participating in such activities, additional Forms RB-40 must be completed. Setting up, cleaning up, selling concessions, working in the kitchen, or providing security for persons or property does not

constitute participation in the management or operation of a bingo game. The following individuals are ineligible to work bingo games: those who are professional gamblers, those who have been convicted of a felony, or those who have been convicted of any violation of the Criminal Code of 1961, Article 28.

1 _____
Name (print or type)

Number and street

City, state, ZIP

7 _____
Name (print or type)

Number and street

City, state, ZIP

2 _____
Name (print or type)

Number and street

City, state, ZIP

8 _____
Name (print or type)

Number and street

City, state, ZIP

3 _____
Name (print or type)

Number and street

City, state, ZIP

9 _____
Name (print or type)

Number and street

City, state, ZIP

4 _____
Name (print or type)

Number and street

City, state, ZIP

10 _____
Name (print or type)

Number and street

City, state, ZIP

5 _____
Name (print or type)

Number and street

City, state, ZIP

11 _____
Name (print or type)

Number and street

City, state, ZIP

6 _____
Name (print or type)

Number and street

City, state, ZIP

12 _____
Name (print or type)

Number and street

City, state, ZIP



Step 2: List those who will participate in your games (continued)

B - _____

13 _____
Name (print or type)

Number and street

City, state, ZIP

21 _____
Name (print or type)

Number and street

City, state, ZIP

14 _____
Name (print or type)

Number and street

City, state, ZIP

22 _____
Name (print or type)

Number and street

City, state, ZIP

15 _____
Name (print or type)

Number and street

City, state, ZIP

23 _____
Name (print or type)

Number and street

City, state, ZIP

16 _____
Name (print or type)

Number and street

City, state, ZIP

24 _____
Name (print or type)

Number and street

City, state, ZIP

17 _____
Name (print or type)

Number and street

City, state, ZIP

25 _____
Name (print or type)

Number and street

City, state, ZIP

18 _____
Name (print or type)

Number and street

City, state, ZIP

26 _____
Name (print or type)

Number and street

City, state, ZIP

19 _____
Name (print or type)

Number and street

City, state, ZIP

27 _____
Name (print or type)

Number and street

City, state, ZIP

20 _____
Name (print or type)

Number and street

City, state, ZIP

28 _____
Name (print or type)

Number and street

City, state, ZIP

Step 3: Sign below

I hereby certify under penalties of perjury that the individuals listed above will not receive any remuneration or compensation directly or indirectly for participating in the management or operation of any bingo games conducted by the licensed organization.

Presiding officer _____

Date _____

RB-40 (R-08/01)

Step 4: Mail your return

Mail your completed form to:



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

If you have any questions, call our Springfield office weekdays between 8:00 a.m. and 4:30 p.m. at **217 524-4164**.

