



# RB-30 Application for Provider of Premises License

Register faster using **MyTax Illinois**, our online account management program, available on our website at [tax.illinois.gov](http://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](mailto:rev.bptcg@illinois.gov).

## Step 1: Identify your business or organization

1 Federal employer identification number (FEIN)

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

Proprietorships must provide the Social Security number (SSN) under which taxes will be filed.

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2 Legal business name:

3 Doing-business-as (DBA), assumed, or trade name, if different from Line 2:

4 Primary or legal business address:

Street address - No PO Box number Apartment or suite number  
City State ZIP

5 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

6 Check the organization type that applies to you:

- Proprietorship  
    \_\_\_ Check if owned by a married couple or civil union
- Partnership  Trust or estate
- Corporation\*  S Corp (Subchapter S Corporation)\*

\*Is your corporation publicly traded? \_\_\_ Yes \_\_\_ No  
If yes, provide the ticker symbol \_\_\_\_\_

- Governmental unit  Not-for-profit organization
- LLC - Corporation  LLC - Partnership
- LLC - Single member  
    \_\_\_ Check if disregarded

7 Illinois Secretary of State identification number:

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

8 Is your business part of a unitary group? \_\_\_ Yes \_\_\_ No  
If "Yes", provide the FEIN of your designated agent (the entity responsible for filing your Illinois income tax return):

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

9 Identify a contact person regarding your business.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext.: \_\_\_\_\_

FAX: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

## Step 2: Identify your owners and officers - If you need to identify more, attach Schedule REG-1-O.

10 Identification depends on the organization type you selected in Step 1, Line 6 (proprietorship - owner(s); partnership - general partners; non-publicly traded corporation - president, secretary, and treasurer; publicly traded corporation - chief operating officer and chief financial officer; trust or estate - trustee(s) or executor(s); governmental unit - one contact person; not-for-profit organization - president, secretary, or treasurer; limited liability company - managers and members). For each individual or business required, complete the following information.

**Individuals:** (include Social Security number (SSN))

**a** \_\_\_\_\_  
Name Title  
\_\_\_\_\_  
Home address - No PO Box number City State ZIP  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of birth (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Ownership percentage: \_\_\_\_\_  
Social Security number

**b** \_\_\_\_\_  
Name Title  
\_\_\_\_\_  
Home address - No PO Box number City State ZIP  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of birth (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Ownership percentage: \_\_\_\_\_  
Social Security number

**c** \_\_\_\_\_  
Name Title  
\_\_\_\_\_  
Home address - No PO Box number City State ZIP  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of birth (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Ownership percentage: \_\_\_\_\_  
Social Security number

**d** \_\_\_\_\_  
Name Title  
\_\_\_\_\_  
Home address - No PO Box number City State ZIP  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of birth (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Ownership percentage: \_\_\_\_\_  
Social Security number

**Businesses:** (include federal employer identification number (FEIN))

**a** \_\_\_\_\_  
Name FEIN  
\_\_\_\_\_  
Legal address  
\_\_\_\_\_  
City State ZIP  
(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone Ownership percentage: \_\_\_\_\_

**b** \_\_\_\_\_  
Name FEIN  
\_\_\_\_\_  
Legal address  
\_\_\_\_\_  
City State ZIP  
(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone Ownership percentage: \_\_\_\_\_

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### Step 3: Complete the following information

**11** The persons listed in Step 2 are prohibited by law from holding any interest in a business licensed as a charitable game supplier.

Do you or any of the persons listed in Step 2 have such an interest?  Yes  No

**12** Where is the premises you will provide?

\_\_\_\_\_  
Street address - **NO** PO Box

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
County

Is this facility owned by a unit of local government?

\_\_\_ Yes \_\_\_ No

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### Step 4: Type of license you are applying for - Check one - (Note: The fee paid with your application is not refundable.)

If you are applying for a

**One year bingo** provider license, the fee is **\$200**.

**One year charitable games** provider license, the fee is **\$50**.

If you are applying for a

**Three year bingo** provider license, the fee is **\$600**.

**Three year charitable games** provider license, the fee is **\$150**.

Make your check or money order payable to the "Illinois Department of Revenue."

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### Step 5: 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

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**Mail your completed form along with any attachments and payment to:**

**OFFICE OF BINGO AND CHARITABLE GAMES 3-215  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19480  
SPRINGFIELD IL 62794-9480**

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