



Illinois Department of Revenue

RCG-7 Application for Charitable Games Supplier's License

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 contact us weekdays between 8:00 a.m. and 4:30 p.m. at **217 785-5864** or email at 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 _____ Title _____
 Name _____
 Home address - **No** PO Box number City State ZIP

 Date of birth / / _____ (_____) _____ - _____
 Phone _____
 _____ - _____ - _____ Ownership percentage: _____
 Social Security number _____

b _____ Title _____
 Name _____
 Home address - **No** PO Box number City State ZIP

 Date of birth / / _____ (_____) _____ - _____
 Phone _____
 _____ - _____ - _____ Ownership percentage: _____
 Social Security number _____

c _____ Title _____
 Name _____
 Home address - **No** PO Box number City State ZIP

 Date of birth / / _____ (_____) _____ - _____
 Phone _____
 _____ - _____ - _____ Ownership percentage: _____
 Social Security number _____

d _____ Title _____
 Name _____
 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 _____ FEIN _____
 Name _____
 Legal address _____
 City State ZIP
 (_____) _____ - _____ Ownership percentage: _____
 Phone _____

b _____ FEIN _____
 Name _____
 Legal address _____
 City State ZIP
 (_____) _____ - _____ Ownership percentage: _____
 Phone _____

Step 3: Pay your fee - Check one - (Note: The fee paid with your application is not refundable.)

If you are applying for a

- One year supplier's license**, the fee is **\$500**.
- Three year supplier's license**, the fee is **\$1,500**.

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

Step 4: Enter all charitable games equipment you will offer for sale, lease, or distribution - Attach additional sheets if necessary

Charitable games equipment is defined as "any supplies, devices, equipment products, or materials designed for use or used in the playing of charitable games including, but not limited to cards, dice, pull tabs, and any related type of gaming ticket, chips, representation of money, and wheels."

Each piece of equipment listed in this step must have your name, as the supplier, permanently attached where it can be easily seen.

	Description	Quantity	Sale price	Rental or lease price
1	_____	_____	\$ _____	\$ _____
2	_____	_____	\$ _____	\$ _____
3	_____	_____	\$ _____	\$ _____
4	_____	_____	\$ _____	\$ _____
5	_____	_____	\$ _____	\$ _____
6	_____	_____	\$ _____	\$ _____
7	_____	_____	\$ _____	\$ _____
8	_____	_____	\$ _____	\$ _____
9	_____	_____	\$ _____	\$ _____
10	_____	_____	\$ _____	\$ _____

Step 5: Enter the storage locations of the equipment listed in Step 4 - Attach additional sheets if necessary

Charitable games equipment must be stored separately from all other products, materials, or equipment. Enter the storage locations of your charitable games equipment below. Attach additional sheets if necessary.

a _____
 Street address - No PO Box number Apartment or suite number

 City State ZIP

b _____
 Street address - No PO Box number Apartment or suite number

 City State ZIP

Step 6: 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 _____

Mail your completed form and payment to:

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

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.