


Submit the following items as they apply to you:

- 1. Complete application, signed, dated, and notarized. The application must be filed in its original form and all signatures must be original.
- 2. Nonrefundable license fee
- 3. Copy of the floor plan for the building in which the Bingo is to be located
- 4. Current copy of the bond in the name of the organization including the bond number and bond amount
- 5. Current equipment rental agreements, including any addendums
- 6. Signed copy of the lease for the building in which the Bingo is located, including the master lease and addendums if applicable
- 7. List of employees or volunteers who will work at the Bingo
- 8. List of the days and times of play for the Bingo
- 9. Copy of the corporate charter and letter stating your organization is registered as a charity with the South Carolina Secretary of State (SCSOS)
- 10. Copy of approval letter from the Internal Revenue Service (IRS) stating your organization is operating exclusively for charitable, religious, or fraternal purposes and is exempt from federal Income Tax
- 11. Letter of good standing from a national organization, if applicable
- 12. Copy of your organization's South Carolina charter and a copy of the by-laws
- 13. Membership list for the past 12 months including addresses and telephone numbers
- 14. Minutes of your organization's meetings for the past 24 months
- 15. Financial statements for the past three years, including gross income and expenses
- 16. List of charitable activities for the past three years
- 17. List of assets owned by the organization

If your organization will have a Bingo promoter:

- 18. Current copy of the management agreement between your organization and the Bingo promoter. The SCDOR does not examine the contents of the contracts provided for statutory accuracy. Violations will be issued if the actions of the Bingo are in violation of the Bingo Tax Act.
- 19. Current equipment rental agreements between your organization and the promoter, including any addendums
- 20. Signed copy of the lease between your organization and the promoter for the building in which the Bingo is located, including the master lease and addendums, if applicable



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
APPLICATION FOR BINGO LICENSE
NONPROFIT ORGANIZATION

Mail this application, including a check, to: SCDOR, Bingo Enforcement, Columbia, SC 29214-0945.

Questions? We're here to help. Contact us at 803-898-5393 or bingo@dor.sc.gov.

For more information, visit dor.sc.gov/tax/bingo.

The application must be filed in its original form, and all signatures must be original.

For amended applications, check the reason below and enter your file number here: _____

- Class change, Promoter change, Location change, DBA name change

Check the class of Bingo license you're applying for:

- Class AA - \$4,000.00 fee, Class B - \$1,000.00 fee, Class C - no fee, Class E - \$500.00 fee, Class F - \$100.00 fee

1. Name of applicant as chartered with the SCSOS _____

FEIN _____ Date the organization was chartered by the SCSOS _____

Street address _____

City _____ State _____ ZIP _____

Mailing address _____

City _____ State _____ ZIP _____

Contact name & title _____

Email _____ Phone _____

2. Doing business as (DBA) name _____

Bingo location address (no PO box) _____

City _____ State _____ ZIP _____

Days and times of play

Table with columns for days (Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday) and sub-columns for Open and Close times.

3. Within the past year, have you have been added to your national organization group ruling? Yes No

If so, has the national organization notified the IRS of your addition? Yes No

4. Is your organization operating exclusively for charitable, religious, or fraternal purposes and exempt from federal Income Taxes? Yes No If so, attach a copy of the letter from the IRS

5. Does your organization file a SC990T with the SCDOR? Yes No

6. State the specific purposes for which your organization's net Bingo proceeds will be used.

Complete questions 7 and 8 if your organization will have a Bingo promoter.

Check if you are not using a Bingo promoter.

7. Promoter name _____

Phone _____ Promoter license number _____

Attach a current copy of the management agreement between your organization and the Bingo promoter.

The SCDOR does not examine the contents of the contracts provided for statutory accuracy. Violations will be issued if the Bingo's actions are in violation of the Bingo Tax Act.

8. Are you leasing or renting any furniture, fixtures or equipment from the promoter? Yes No

Are you leasing or renting the building used for Bingo from the promoter? Yes No

Attach a current copy of the lease or rental agreements stating the lease or rental amounts.

9. Are you leasing or renting any furniture, fixtures or equipment from anyone other than a promoter? Yes No

Are you leasing or renting the building used for Bingo from anyone other than a promoter? Yes No

Attach a current copy of lease or rental agreements stating the lease or rental amounts.

10. Bingo bond value _____ Bond number _____

Bond company _____

Bingo bond requirements: Class AA: \$50,000 Class B: \$20,000
 Class C: \$10,000 Class E: \$10,000
 Class F: \$10,000

11. Your books and records are currently in the care of:

Name _____ Phone _____

Location address _____ City _____ State _____

12. Will your Bingo sell tangible personal property? (for example: snacks, bingo dabbers, etc.) Yes No

If so, enter your Sales Tax license number: _____ in the name of: _____

13. Withholding will be processed through account number: _____ in the name of: _____

14. Will your organization conduct any other business activities at the Bingo location, other than those referenced in question 12? (for example: coin-operated devices) Yes No

If yes, state the nature of the business activities:

Attach any relevant contracts and/or agreements.

15. Provide the following information for all officers of the organization. Attach additional sheet if necessary.

Name	Position Held	Home Address	Phone Number

16. Provide the following information for each person who will work at the proposed Bingo games and who will receive compensation for their work. Attach additional sheet if necessary. For more information on Bingo employee eligibility, see SC Code Section 12-21-4060 at dor.sc.gov/policy.

Name	Home Address	Date of Birth	SSN	Work to be performed

17. If applicable, provide the following information for each volunteer who will assist with Bingo games. Attach additional sheet if necessary.

Name	Home Address	Date of Birth	SSN	Work to be performed

18. Provide the name, address of financial institution, account number, and routing number of accounts:

Bingo Checking Account (Required) All Bingo expenses are required to be paid from this account.

Name on account _____

Name of financial institution _____

Financial institution's address (no PO box) _____

Account Number _____ Routing Number _____

Bingo Savings Account (Optional)

Name on account _____

Name of financial institution _____

Financial institution's address (no PO box) _____

Account Number _____ Routing Number _____

Organizational Operating Checking Account (Required) Bingo paper refunds will be issued to this account.

Name on account _____

Name of financial institution _____

Financial institution's address (no PO box) _____

Account Number _____ Routing Number _____

Organizational Operating Savings Account (Optional)

Name on account _____

Name of financial institution _____

Financial institution's address (no PO box) _____

Account Number _____ Routing Number _____

You are required to:

- Install an electronic verifying system which displays winning cards on a monitor
- Use only cards purchased through a licensed bingo distributor
- Ensure only one set of bingo balls and one master-board are in the room or area during play
- Maintain a bingo bond in the name of the non-profit organization as long as the bingo license remains open
- File the RD-9, Bingo Financial Quarterly Report, in a timely manner, even if there are no figures to report

If you fail to follow these rules, the SCDOR can close your license.

The non-profit organization does not need to renew the bingo license, but must keep the SCDOR updated with any changes.

AFFIDAVIT

STATE OF SOUTH CAROLINA

County of _____

I, _____, _____
(Name) (Title)

of the company or entity _____ do swear that the information contained herein, and on the attached sheets, is to the best of my knowledge and belief, true and correct. I further agree that the game of Bingo will be conducted as outlined in South Carolina's Bingo Tax Act, found in S.C. Code Section 12-21-3910 et seq., and to advise the department, in writing, within 30 days of any changes in the information supplied on this application.

Signature Title Date

Sworn to and subscribed before me this _____ day of _____, 20 _____.

Notary Public for S.C. Signature