



**APPLICATION FOR LICENSE TO MANUFACTURE  
OR DISTRIBUTE BINGO GAME CARDS**

Application must be received in the Columbia Office of the Department of Revenue no later than 45 days prior to renewal date. **Mail application and make check payable to the South Carolina Department of Revenue, Bingo Licensing & Enforcement, PO Box 125, Columbia, SC 29214-0134. Telephone (803) 898-5393.**

The application must be filed in original form, and all signatures must be original. We cannot accept carbon or photo copy applications nor stamped, traced, facsimile, or other signatures.

**New**     **Renewal**

**Type of Business:**

**Manufacture - \$5,000.00 Fee**

**Distributor - \$2,000.00 Fee**

<b>FOR OFFICE USE ONLY</b>	
License No.	_____
Expiration	_____
Date License Issued	_____

**COMPLETE BOTH SIDES OF THIS APPLICATION** **PLEASE PRINT OR TYPE ALL INFORMATION**

1. Business Name \_\_\_\_\_  
Print - Do not write

2. Mailing Address \_\_\_\_\_  
City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Location of records (No PO Box) \_\_\_\_\_  
Name \_\_\_\_\_  
Street No. \_\_\_\_\_ City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

4. Federal Identification Number \_\_\_\_\_ Business phone number \_\_\_\_\_

5. E-mail Address \_\_\_\_\_

6. Type of ownership

<input type="checkbox"/> SOLE PROPRIETOR (one owner)	<input type="checkbox"/> LLC/LLP
<input type="checkbox"/> PARTNERSHIP (two or more owners)	<input type="checkbox"/> UNINCORPORATED ASSOCIATION: ENTER LEGAL NAME. _____
<input type="checkbox"/> OTHER (EXPLAIN) _____	<input type="checkbox"/> SC CORPORATION DATE INC. _____
	<input type="checkbox"/> FOREIGN CORPORATION (attach copy of articles or certificate of authority).

**7. Provide the following information for each business Owner, Partner, or Officer. If the business is a corporation with a parent or any subsidiary corporation, provide the following information for all stockholders of 10% or more. Under Section 12-21-4260, a person licensed as a bingo manufacturer shall submit to a background investigation. This includes each partner of a partnership and each director and officer and all stockholders of 10% or more in a parent or subsidiary corporation of a bingo card manufacturer. The department has sole discretion to issue the license based on the background investigation. If additional space is needed, please attach the additional information to this application.**

NAME/POSITION HELD	HOME ADDRESS	DATE OF BIRTH	SOCIAL SECURITY NUMBER	% OWNED

8. Do you currently have a bond on file with the Department of Revenue?  Yes  No

If yes, what is the value of the bond? \$ \_\_\_\_\_ Bond Number \_\_\_\_\_

If no, you must submit a bond per Section 12-21-4230 S.C. Code.

9. **Per SC Code Section 12-21-4250 "A bingo card manufacturer may not be licensed to operate a game as a bingo card distributor or as a promoter. A bingo card distributor may not be a manufacturer, a licensed nonprofit organization, or promoter. A licensed nonprofit organization or a promoter may not be a manufacturer or distributor."**

Do you have any interest, direct or indirect, in (1) a manufacturer of bingo cards, electric dabbers, or site systems; (2) a bingo distributor; (3) a bingo promoter; (4) a nonprofit organization licensed to conduct bingo or (5) a manufacturer of bingo tickets?

Yes  No

If you answered yes to question 9, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT**

**STATE OF SOUTH CAROLINA**

County of \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_  
(Name) (Title)

of \_\_\_\_\_ company or entity do swear (or affirm) 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 to advise the department, in writing, within 30 days of any changes in the information supplied on this application/renewal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date