For your application to be processed you must fulfill ALL of the following requirements:

1. Complete application, signed, dated and notarized. The application must be filed in original form and all signatures must be originals.

2. Submit nonrefundable license fee


4. Must attach current equipment rental agreements including any addendums

5. Must attach a signed copy of the lease for which the bingo is located. The lease must list the physical address of the business location.

6. Attach a signed copy of the master lease for which the bingo is located, if applicable.

7. Must attach a copy of the floor plan for the building in which the bingo is to be located.

8. Must attach a copy of corporate charter and letter stating organization is registered as a charity with the SC Secretary of State.

9. Must attach a current copy of Bond in the name of the Promoter to include bond amount and bond number.

10. List of employees who will work at the bingo and receive compensation.

11. Must attach chart detailing days and hours of play for the bingo.

12. Must attach a copy of the Internal Revenue Service letter stating that your Organization is operating exclusively for charitable, religion or fraternal purposes and is exempt from federal income tax.

13. Letter of good standing from national organization (if applicable)

14. Must attach a copy of the Organization's SC charter and copy of the by-laws.

15. Membership list for the past 12 months including addresses and telephone numbers.

16. Minutes of the meetings for the past 24 months.

17. Financial statements for the past three years including gross income and expenses.

18. List of charitable activities for the past three years.

19. List of assets owned by the organization (if applicable).
Mail application and make check payable to: SC Department of Revenue, Bingo Licensing & Enforcement, Columbia, SC 29214-0026. Telephone: (803) 898-5393 - Email: bingo@dor.sc.gov. Website: dor.sc.gov.

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.

This application is for the class license as checked (one only):

- [ ] 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

**PLEASE PRINT OR TYPE ALL INFORMATION**

1. Name of Applicant as Chartered with SC Secretary of State

   Federal Employer Identification Number:

   Enter the date the organization was chartered by the SC Secretary of State's Office

   Street Address

   City ___________________________ State ______________ Zip ______________

   Mailing Address

   City ___________________________ State ______________ Zip ______________

   Contact Name & Title ___________________________ Telephone Number ___________________________

   Email Address ___________________________

2. State the Doing Business as Name (DBA) and address you intend to conduct Bingo Games.

   DBA Name

   Street Address ___________________________ Street (No P.O. Box) ___________________________ City, State, Zip

   Days and Time of Play ___________________________

3. If you have been added within the past year to your national organization group ruling, has the national organization notified the IRS of your addition?  
   [ ] Yes  [ ] No

4. Is your organization operating exclusively for charitable, religion or fraternal purposes and exempt from federal income taxes?  
   [ ] Yes  [ ] No

5. Does your organization file a SC990T with the Department of Revenue?  
   [ ] Yes  [ ] No

6. State the specific purpose(s) for which the bingo net proceeds to the Organization will be used (Statute 12-21-4090(H)) ___________________________
7. List the name, phone number and bingo license number (if available) of your designated promoter as defined by Section 12-21-3940.

Name

Phone number

Bingo Promoter License Number (if available)

8. Are you leasing or renting any furniture, fixtures or equipment from the Promoter?

☐ Yes ☐ No

Are you leasing or renting the building from the Promoter?

☐ Yes ☐ No

If yes, you must attach a copy of the lease or rental agreements stating the lease or rental amounts and copy of the Floor Plan.

9. Are you leasing/renting the building used for bingo from anyone other than the Promoter?

☐ Yes ☐ No

If yes, you must attach a copy of the lease or rental agreement stating the lease or rental amount.

10. Are you leasing or renting any furniture, fixtures or equipment from anyone other than the Promoter?

☐ Yes ☐ No

If yes, you must attach a copy of the lease or rental agreement stating the lease or rental amount.

11. 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? ____________________________

12. Your books and records are in the care of

Name

Physical Location Address

City, State, Zip

Phone Number

13. Will there be any retail sales of tangible personal property, e.g. snacks, t-shirts, etc., made for the convenience of your customers?

☐ Yes ☐ No

If yes, enter Sales Tax License Number: ____________________________ In Name of: ____________________________

14. Are there other business activities being conducted at the bingo location, other than those referenced to in questions number thirteen (13) e.g.coin-operated devices?

☐ Yes ☐ No

If yes, state nature of business activities and attach a copy of any and all contract(s) and/or agreement(s).

15. Provide the following information for all Officers of the Organization.

<table>
<thead>
<tr>
<th>Name/Position Held</th>
<th>Home Address</th>
<th>Phone Number</th>
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Attach additional sheet, if necessary.
16. Provide the name(s) of individuals authorized to pick-up Bingo Vouchers:

<table>
<thead>
<tr>
<th>Name</th>
<th>Home Address</th>
<th>Date of Birth</th>
<th>Social Security Number</th>
<th>Driver's License #</th>
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17. Provide the following information for each person who will work at the proposed bingo games and who will receive compensation for the work. Under Section 12-21-4060, a person who has been convicted within the last twenty years of violating a state or federal criminal statute relating to gaming or gambling, or who has been convicted of any other crime that has a sentence of two or more years, or where applicable, whose promoter's license has been revoked by the department is not permitted to manage or conduct a game or assist in any manner with the bingo operation. If additional space is needed, please attach the additional information for this application.

<table>
<thead>
<tr>
<th>Name</th>
<th>Home Address</th>
<th>Date of Birth</th>
<th>Social Security Number</th>
<th>Work to be performed</th>
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Attach additional sheet, if necessary.

18. Per Section 12-21-4090 provide the name, address of financial institution, account number and routing number of Special accounts.

Bingo Checking Account (Required)

Title of Account

Name of financial institution

Address of financial institution Street (No P.O. Box) City, State, Zip

Account Number: Routing Number:

Bingo Savings Account (Optional)

Title of Account

Name of financial institution

Address of financial institution Street (No P.O. Box) City, State, Zip

Account Number: Routing Number:
Organizational Operating Checking Account (Required)

Name of financial institution

Address of financial institution Street (No P.O. Box) City, State, Zip

Account Number: Routing Number:

Organizational Operating Savings Account (Optional)

Name of financial institution

Address of financial institution Street (No P.O. Box) City, State, Zip

Account Number: Routing Number:

AFFIDAVIT

STATE OF SOUTH CAROLINA

County of __________________________

I, __________________________, __________________________, 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 that the game of Bingo will be conducted as outlined in Section 12-21-3910 and 12-21-3920 of the S.C. Code, and to advise the department, in writing, within 30 days of any changes in the information supplied on this application/renewal.

______________________________  __________________________
Signature Date

______________________________
Title

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

______________________________
(Notary Public for S.C.)