



**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, Regulatory Division, Columbia, SC 29214-0026. 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.

Type of Business:

Manufacture - \$5,000.00 Fee

Distributor - \$2,000.00 Fee

FOR OFFICE USE ONLY	
General Fund \$	_____
Cash-M. O.-Check	_____
License No.	_____
Expiration	_____
Date License Issued	_____

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

Business phone number _____ Federal Identification Number _____

1. Business Name _____
Print - Do not write

2. Mailing Address _____
Street No. - RFD City and State Zip Code

3. Name of Owner _____

4. Business Address _____
Street No. - RFD City County State Zip Code

5. Location of records (No PO Box) _____
Name

Street No. City and State Zip Code

Phone Number

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. NAME(S) OF BUSINESS OWNER, PARTNERS, OR OFFICERS & STOCKHOLDERS OF TEN PERCENT OR MORE

SOCIAL SECURITY NUMBER	NAME/POSITION HELD	HOME ADDRESS	IF PARTNER PERCENT 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? \$ _____

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

Value of bond submitted? \$ _____

AFFIDAVIT

STATE OF SOUTH CAROLINA

County of _____

I, _____,

(Title)

Firm or _____,

Swear (or affirm) that the information contained herein is to the

best of my knowledge and belief, true and correct.

Applicant