

**Submit all of the following documents as they apply to you:**

- \_\_\_\_\_ 1. Completed application, signed, dated, and notarized. The application and signatures must be original (no copies).
- \_\_\_\_\_ 2. Copy of the master lease for the bingo location. The lease must list the physical address of the business location.
- \_\_\_\_\_ 3. Copy of the floor plan for the bingo location's building
- \_\_\_\_\_ 4. Signed equipment donation agreement if equipment (including tables and chairs) is not owned by your organization. Donation arrangements can be temporary.
- \_\_\_\_\_ 5. Copy of the corporate charter and letter stating the organization is a registered charity with the South Carolina Secretary of State (SCSOS)
- \_\_\_\_\_ 6. Current copy of your bond, including the bond number and amount
- \_\_\_\_\_ 7. Copy of the IRS letter stating that your organization is operating exclusively for charitable, religious, or fraternal purposes and is exempt from federal Income Tax
- \_\_\_\_\_ 8. Letter of good standing from national organization
- \_\_\_\_\_ 9. Copy of the organization's South Carolina charter and a copy of the bylaws
- \_\_\_\_\_ 10. Membership list for the past 12 months including addresses and phone numbers
- \_\_\_\_\_ 11. Minutes of all meetings for the last 24 months
- \_\_\_\_\_ 12. Financial statements for the past three years including gross income and expenses
- \_\_\_\_\_ 13. List of charitable activities for the past three years
- \_\_\_\_\_ 14. List of assets owned by the organization



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**APPLICATION FOR BINGO LICENSE**  
**CLASS C - HARD CARDS**

Mail to: SCDOR, Bingo Licensing & Enforcement, Columbia, SC 29214-0945  
Phone: 803-898-5393  
Email: bingo@dor.sc.gov

The application and all signatures must be original. We cannot accept copies of applications or reproduced signatures.

**PRINT ALL INFORMATION**

1. Applicant name 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 \_\_\_\_\_ Phone number \_\_\_\_\_  
 Email address \_\_\_\_\_

2. Doing business as (DBA) name and address where you intend to conduct bingo games  
 DBA name \_\_\_\_\_  
 Location of game \_\_\_\_\_  
Street address (no PO 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, religious, or fraternal purposes and exempt from federal Income Tax?     Yes     No

5. State the specific purposes for which your organization will use the bingo net proceeds. See SC Code Section 12-21-4090(H) at [dor.sc.gov/policy](http://dor.sc.gov/policy).

\_\_\_\_\_

\_\_\_\_\_

6. Do you own the bingo equipment, including tables and chairs?     Yes     No

**If no, you must attach a copy of the signed lease or rental agreement stating the lease or rental amount.**

7. Do you own the building used for bingo games?  Yes  No

**If no, you must attach a copy of the signed lease or rental agreement stating the lease or rental amount.**

8. Will you sell snacks, t-shirts, or other products?  Yes  No

If yes, enter Sales Tax License Number: \_\_\_\_\_ Name on license: \_\_\_\_\_

9. Provide the following information for all officers of the organization.

Name and Position Held	Home Address	Phone Number

Attach additional sheet, if necessary.

### AFFIDAVIT

#### STATE OF SOUTH CAROLINA

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

I, \_\_\_\_\_, \_\_\_\_\_  
Name Title

of \_\_\_\_\_ do swear or affirm that the information contained in  
Company or entity name

this application and attached documents is true and correct to the best of my knowledge and belief. **I further agree that the game of Bingo will be conducted as outlined in SC Code Sections 12-21-3910 and 12-21-3920, I will abide by Article 24 of the Bingo Tax Act, and will advise the SCDOR, in writing, within 30 days of any changes in the information supplied on this application.**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Title

#### SWORN to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_

Notary Public for \_\_\_\_\_

My commission expires: \_\_\_\_\_

Notary (legal signature) \_\_\_\_\_

Notary (printed name) \_\_\_\_\_