



\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Account #: \_\_\_\_\_

WV/BGO-1  
 rL175 v 10-web

**APPLICATION FOR ANNUAL, LIMITED, STATE FAIR OR SUPER BINGO LICENSE**

**Taxpayers required to file electronically will no longer receive returns for the tax types subject to the mandatory requirement by mail. Please visit [www.wvtax.gov](http://www.wvtax.gov) for additional information.**

Apply for the license which best serves your needs. You may hold only one valid annual license. While it is valid, you may apply for and receive one limited license. All Bingo licenses are subject to the Rules & Regulations of the State Tax Commissioner and must be conspicuously displayed at the location where the Bingo occasion is held. All Bingo occasions shall be open to the general public.

PLEASE NOTE: THIS APPLICATION MUST BE FILED AT LEAST 60 DAYS PRIOR TO THE DATE SCHEDULED FOR THE FIRST BINGO OCCASION.

IS THIS A RENEWAL APPLICATION? YES  NO  (Check One)

Phone Number of Requesting Organization is Required \_\_\_\_\_

**NAME AND ADDRESS OF STATE OR NATIONAL ORGANIZATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**SECTION 1 - TAX EXEMPT STATUS**

Have you been granted tax exempt status from the Internal Revenue Service? YES  NO  (Check One)

TYPE OF EXEMPTION LETTER YOUR ORGANIZATION POSSESSES

501(C)3  501(C)4  501(C)8  501(C)10  501(C)19  501(D)  (Check One)

PLEASE NOTE: YOU MUST ATTACH A COPY OF YOUR CURRENT EXEMPTION LETTER TO THIS APPLICATION.

**SECTION 2 - TYPE OF LICENSE (CHECK ONE)**

- |  |  |
|--|--|
| <input type="checkbox"/> ANNUAL LICENSE - \$500.00       | <input type="checkbox"/> LIMITED LICENSE - \$100.00    |
| <input type="checkbox"/> ANNUAL SENIOR LICENSE - \$50.00 | <input type="checkbox"/> STATE FAIR LICENSE - \$500.00 |
| <input type="checkbox"/> ANNUAL LICENSE * - \$200.00     | <input type="checkbox"/> SUPER LICENSE - \$5000.00     |

\* ONLY APPLICABLE FOR ORGANIZATIONS WHOSE ANNUAL GROSS PROCEEDS ARE LESS THAN \$20,000 PER YEAR

Amount Enclosed \_\_\_\_\_

**SECTION 3 - LOCATION OF BINGO OCCASIONS**

Address, City, Zip Code & County \_\_\_\_\_

Do you own the premises? YES NO (Circle One) Do you rent or lease the premises? YES NO (Circle One)

List name of owner: \_\_\_\_\_

PLEASE NOTE: YOU MUST ATTACH A COPY OF CURRENT RENTAL OR LEASE AGREEMENT WITH THE APPLICATION.

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT  
 Charitable Bingo/Raffle Unit  
 P.O. Box 1143, Charleston, WV 25324-1143  
 FOR ASSISTANCE CALL (304) 558-8510  
 For more information visit our web site at: [www.wvtax.gov](http://www.wvtax.gov)  
 File online at <https://mytaxes.wvtax.gov>



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**SECTION 4 - DATES AND TIMES OF ANNUAL AND SENIOR BINGO OCCASIONS**

Please indicate the day(s) of the week your Bingo occasion(s) will be conducted and give the actual playing time:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY (Circle Days Played)

Date of your first Bingo Occasion: \_\_\_\_\_ Hour(s) Bingo will be held: \_\_\_\_\_

**SECTION 5 - DATES AND TIMES OF LIMITED BINGO OCCASIONS**

A limited occasion license entitles an organization to hold a Bingo occasion once every 24 hours for a period not to exceed 2 weeks. An occasion may not exceed 12 hours duration. No more than three (3) Limited Licenses may be granted in one year. List the actual dates and playing times Bingo will be conducted.

HOLDERS OF ANNUAL LICENSES MAY BE GRANTED NO MORE THAN ONE LIMITED LICENSE PER YEAR.

Date of Bingo: \_\_\_\_\_ Date of Bingo: \_\_\_\_\_ Time of Bingo(s): \_\_\_\_\_

**SECTION 6 - DATES AND TIMES OF STATE FAIR BINGO OCCASIONS**

STATE FAIR: AN APPLICATION FOR A STATE FAIR LICENSE MUST INCLUDE A COPY OF ANY LEASE AGREEMENT ENTERED INTO BETWEEN THE STATE FAIR BOARD AND THE PERSONS WHO ARE TO CONDUCT THE BINGO OCCASIONS.

Has the operator of the Bingo occasions conducted Bingo at the State Fair for at least 2 years prior to the filing of this application? YES NO (Circle One)

Date of your first Bingo Occasion: \_\_\_\_\_ Hour(s) Bingo will be held: \_\_\_\_\_

**SECTION 7 - DATES AND TIMES OF SUPER BINGO OCCASIONS**

1	Date		Time		to	
2	Date		Time		to	
3	Date		Time		to	
4	Date		Time		to	
5	Date		Time		to	
6	Date		Time		to	
7	Date		Time		to	
8	Date		Time		to	
9	Date		Time		to	
10	Date		Time		to	
11	Date		Time		to	
12	Date		Time		to	

**SECTION 8 - PROOF OF EXISTENCE (NOT REQUIRED FOR RENEWAL APPLICANTS)**

HAS YOUR ORGANIZATION BEEN IN EXISTENCE IN WEST VIRGINIA TWO YEARS PRIOR TO FILING THIS APPLICATION:

YES NO (Circle One)

IF YES, YOU MUST ATTACH DOCUMENTARY PROOF. THIS DOCUMENT IS NECESSARY TO QUALIFY FOR A BINGO LICENSE.

**SECTION 9 - CONCESSIONS**

WILL A CONCESSION BE OPERATED? YES NO (Circle One)

WILL THE LICENSEE OPERATE THE CONCESSION? YES NO (Circle One)

PLEASE NOTE: IF THE CONCESSIONS ARE TO BE OPERATED BY SOMEONE OTHER THAN THE LICENSEE, A COPY OF ANY AGREEMENT OR AN EXPLANATION OF ANY ORAL AGREEMENT PROVIDING OF ANY TYPE OF COMPENSATION OF THE CONCESSION MUST BE ATTACHED

# APPLICATION FOR ANNUAL, LIMITED, STATE FAIR OR SUPER BINGO LICENSE

## SECTION 10 - NAMES OF OFFICERS OF ORGANIZATION

LIST NAMES, HOME ADDRESSES AND HOME TELEPHONE NUMBERS OF ALL OFFICERS AND MEMBERS OF THE BOARD OF DIRECTORS, GOVERNORS OR TRUSTEES, IF ANY, IN THE ORGANIZATION. ALL OFFICERS MUST BE OVER 18. (ATTACH ADDITIONAL SHEET IF NECESSARY)

NAME AND TITLE	HOME ADDRESS	HOME TELEPHONE NUMBER
----------------	--------------	-----------------------

- |    |  |  |
|----|--|--|
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

## SECTION 11 - PERSONS IN CHARGE OF BINGO

LIST NAMES, HOME ADDRESSES AND TELEPHONE NUMBERS OF PERSONS IN CHARGE OF BINGO OCCASIONS. THESE PERSONS MUST BE BONA FIDE MEMBERS OF YOUR ORGANIZATION AND RESIDENTS OF THE STATE OF WEST VIRGINIA. ANNUAL LICENSES REQUIRE 3 NAMES. LIMITED LICENSES REQUIRE AT LEAST 2 NAMES. ONE OF THESE PERSONS MUST BE PRESENT AT ALL BINGO OCCASIONS. ALL PERSONS IN CHARGE OF BINGO MUST BE OVER 18.

NAME AND TITLE	HOME ADDRESS	HOME TELEPHONE NUMBER
----------------	--------------	-----------------------

- |    |  |  |
|----|--|--|
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

## SECTION 12 - NAME OF HIGHEST ELECTED OFFICER AND APPOINTED DESIGNEE

LIST NAMES, HOME ADDRESSES AND HOME TELEPHONE NUMBERS OF THE HIGHEST ELECTED OFFICER AND HIS APPOINTED DESIGNEE OF ORGANIZATION ONE OF THESE PERSONS MUST BE PRESENT AT ALL OCCASIONS ALL PERSONS MUST BE OVER 18

NAME AND TITLE	HOME ADDRESS	HOME TELEPHONE NUMBER
----------------	--------------	-----------------------

HIGHEST ELECTED OFFICER

- |    |  |  |
|----|--|--|
| 1. |  |  |
|----|--|--|

APPOINTED DESIGNEE

- |    |  |  |
|----|--|--|
| 2. |  |  |
|----|--|--|

## SECTION 13 - YOU MUST ANSWER THE FOLLOWING QUESTIONS

Has your Bingo License Application ever been refused, denied, revoked, or suspended? YES NO

Has any person in your Organization who will participate in any manner in the conduct of Bingo Games or related concessions ever been convicted of a Felony or Misdemeanor for a gambling offense within the past 10 years? YES NO

If you answered yes to any of these questions, attach a separate sheet explaining.

## SECTION 14 - DISPOSITION OF PROCEEDS

Recipient of Proceeds: \_\_\_\_\_

Does this recipient have an Internal Revenue Service Exemption Status Letter? YES NO

Intended use of Proceeds: \_\_\_\_\_

PLEASE NOTE: YOU MUST LIST THE NAMES OF ALL ORGANIZATIONS YOU INTEND TO DONATE PROCEEDS TO ATTACH SEPARATE SHEET IF NECESSARY

## SECTION 15 - AGREEMENT

I fully understand that it is a violation of Chapter 47, Article 20 to allow anyone other than authorized persons to conduct any part of the Bingo Games or Concessions; That I am required to file reports and keep records as provided by Article 20; That it is a crime to violate any provisions of Article 20; That a violation may result in suspension or revocation of the license and possible denial of subsequent license applications

I, \_\_\_\_\_, AS AN AUTHORIZED REPRESENTATIVE OF \_\_\_\_\_  
CERTIFY OR AFFIRM THAT THE STATEMENTS AND ITEMS ENTERED HEREIN AND ATTACHED HERETO ARE TRUE AND CORRECT TO THE BEST OF MY

KNOWLEDGE \_\_\_\_\_  
(Name - Type or Print) (Signature) (Date)

\_\_\_\_\_  
(Telephone Number) (Email Address)