

**APPLICATION FOR
SMALL GAMES OF CHANCE
LICENSING OF DISTRIBUTORS AND
REGISTRATION OF MANUFACTURERS**

ACCOUNT NUMBER: _____

DISTRIBUTOR - D - _____

MANUFACTURER - M - _____

SECTION I APPLICATION INFORMATION

Check type of application:

- Initial Application Annual Application Change of Data (attach appropriate statements)

TYPE OF APPLICATION	FEE	EXPLANATION
<input type="checkbox"/> Distributor License	\$2,000	Required for initial and every annual application.
<input type="checkbox"/> Manufacturer Registration Certificate	\$2,000	Required for initial and every annual application.
<input type="checkbox"/> Replacement Certificate or License	\$100	Issued only if original is defaced, destroyed or lost.
<input type="checkbox"/> Background Investigation for (_____ Individuals X \$22) = \$ _____		Every application (initial and annual) must include a \$22 Background Investigation fee for each individual listed on Schedule A. Indicate number of individuals listed and total background fee due.
Total Amount Remitted: \$ _____		

If the department denies an application, a \$100 application processing fee will be retained by the department. The remaining fee will be returned to applicant. No part of the registration or license fee shall be subject to proration. No investigation fee will be refunded.

SECTION II DISTRIBUTOR'S LICENSE INFORMATION

If applying for a distributor's license number, complete the following information.

Legal Business Name		Telephone Number	
Physical Street Address (PO Box is not acceptable)	City	State	ZIP Code
Mailing Address (if different from above)	City	State	ZIP Code
Revenue ID	PA Withholding Account Number	Unemployment Compensation Account Number	
FEIN	Email	Sales and Use Tax License Number	

SECTION III MANUFACTURER'S REGISTRATION INFORMATION

If applying for a manufacturer's registration number, complete the following information.

Legal Business Name		Telephone Number	
Physical Street Address (PO Box is not acceptable)	City	State	ZIP Code
Mailing Address (if different from above)	City	State	ZIP Code
Revenue ID	PA Withholding Account Number	Unemployment Compensation Account Number	
FEIN	Email	Sales and Use Tax License Number	

Enclose the following items with this application:

1. Logo used by manufacturer.
2. Check, cashier's check or money order made payable to **PA Department of Revenue** in the amount of the total application fees.
3. Copy of Fictitious Name Registration Form, Department of State Registry Statement or other similar registration. Out-of-state corporations are required to submit a copy of Certificate of Authority.
4. Schedule A - List of all owner, partners or if incorporated, officers, directors or shareholders controlling 10 percent (10%) or more outstanding stock.
5. Schedule B - List of all distributor's or manufacturer's representatives.
6. Schedule C - List of all small game manufacturers with whom distributors do business.
7. Schedule D - List of all states wherein business is conducted regarding small games of chance.
8. Schedule E - List of all approved small games of chance.
9. Application must be notarized in Section IV.
10. Copy of constitution and by-laws or corporate charter (required for initial applications or when data changes).
11. Corporations renewing may submit a notarized statement indicating that no changes have been made to the corporate officers or by-laws in lieu of #10.

- The Department of Revenue must be notified of changes to the information included on this application.
- Questions pertaining to small games of chance and this application can be referred to (717) 787-8326 or the address below.
- Mail the application and other documents listed above to:

**PA DEPARTMENT OF REVENUE
PO BOX 280906
HARRISBURG PA 17128-0906**

SECTION IV	CERTIFICATION
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I certify that the following tax statements are true and correct:

- All PA state tax reports and returns have been filed.
- All PA state taxes due are payable have been paid.
- Any PA state taxes owing are subject to timely administrative or judicial appeal; or any delinquent PA taxes are subject to a duly approved deferred payment plan (copy enclosed).

I certify that no officer, director or other person in a supervisory or management position or employee eligible to make sales on behalf of this business:

- (i) has been convicted of a felony in a state or federal court within the past five years; or
- (ii) has been convicted within ten years of the date of application in a state or federal court of a violation of the Bingo Law or Local Option Small Games of Chance Act or a gambling-related offense under Title 4 or Title 18 of the Pennsylvania Consolidated Statutes or other comparable state or federal law.
- (iii) has not been rejected in any state for a distributor's license or manufacturer's certificate, or equivalent thereto.

I declare that I have examined this application, including schedules and accompanying statements, and to the best of my knowledge and belief it is true, correct and complete.

Name of individual in Schedule A (Please Print)		Signature	
SSN	Title	Telephone Number	Date
Notary Public			My Commission Expires

Notary Seal _____ Corporate Seal _____ Sworn and subscribed to before me this _____ Day of _____ A.D., _____.

SMALL GAMES OF CHANCE SCHEDULESPlease specify which type of applicant you are: Distributor Manufacturer

Legal Business Name

SCHEDULE A

List the following data for all owner, partners, officers, or directors. If incorporated, list data for all officers, directors and shareholders controlling 10 percent or more of outstanding stock. If organized as a partnership, list data for all partner. For all entities, list data for any other responsible person.

Name		Title/Relationship	SSN	
Address		City	State	ZIP Code
Date of Birth	Email		Telephone Number	
Name		Title/Relationship	SSN	
Address		City	State	ZIP Code
Date of Birth	Email		Telephone Number	

SCHEDULE B

List all individuals, including owners, partners, officers, directors and sales personnel responsible for taking orders and making sales of small games of chance merchandise. If an individual resides in Pennsylvania, check whether commissioned or salaried.

Name		Title/Relationship	SSN	<input type="checkbox"/> Commissioned <input type="checkbox"/> Salaried	
Address		City	State	ZIP Code	
Date of Birth	Email		Telephone Number		
Name		Title/Relationship	SSN	<input type="checkbox"/> Commissioned <input type="checkbox"/> Salaried	
Address		City	State	ZIP Code	
Date of Birth	Email		Telephone Number		

SCHEDULE C

To be completed by distributors only. List all manufacturers with whom distributor does business regarding small games of chance.

Name		Title	Telephone Number	Manufacturer's Certificate Number	
Address		City	State	ZIP Code	
Name		Title	Telephone Number	Manufacturer's Certificate Number	
Address		City	State	ZIP Code	

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SMALL GAMES OF CHANCE SCHEDULES (continued)

SCHEDULE D

List all states wherein business is conducted regarding small games of chance. Attach a separate sheet if more space is required.

SCHEDULE E

Check all types of games distributed and manufactured:

- Daily/Weekly Drawings
 Pull-Tabs
 Punchboards
 Raffles
 Race Night
 Pools
 50/50 Drawings
 Dispensing Devices

Check all types of entities small games of chance will be sold to:

- Eligible Organizations
 Club Licensees
 Taverns

Manufacturers must submit all pull-tab games, punchboards and dispensing machines to be reviewed and approved.

- For games that the department previously has approved, provide a list of the games to be manufactured for sale in the commonwealth during the registration term. The list shall include the name of the game and form number.
- If a manufacturer is discontinuing the sale of previously approved game(s), the manufacturer shall submit a list of the game(s). The list shall contain the name of the game and form number.
- For new games that the department has not previously approved, attach a game approval form (REV-915) for each game.

Attach a separate sheet if more space is required.

FORM #	NAME OF GAME	NEW OR DISCONTINUED
		<input type="checkbox"/> New <input type="checkbox"/> Discontinued
		<input type="checkbox"/> New <input type="checkbox"/> Discontinued
		<input type="checkbox"/> New <input type="checkbox"/> Discontinued
		<input type="checkbox"/> New <input type="checkbox"/> Discontinued
		<input type="checkbox"/> New <input type="checkbox"/> Discontinued
		<input type="checkbox"/> New <input type="checkbox"/> Discontinued
		<input type="checkbox"/> New <input type="checkbox"/> Discontinued

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