

OFFICIAL USE ONLY

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

ACCOUNT NUMBER: _____

DISTRIBUTOR - D - _____

MANUFACTURER - M - _____

SECTION I APPLICATION INFORMATION

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

TYPE OF APPLICATION

<input type="radio"/> Distributor License	FEE	
	\$2,000	
<input type="radio"/> Manufacturer Registration Certificate	\$2,000	
<input type="radio"/> Replacement Certificate or License	\$100	
<input type="radio"/> Background Investigation for (_____ Individuals X \$22) =	\$ _____	

EXPLANATION

Required for initial and every annual application.
 Required for initial and every annual application.
 Issued only if original is defaced, destroyed or lost.

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		DBA/Trade 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		DBA/Trade 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 IV RESIDENT DESIGNEE

A person applying for a manufacturer's certificate or distributor's license under the act is required to designate a person and location within the Commonwealth for purposes of service of process.

Name of Resident Designee (Individual or Business)		Signature	
PA Residential Address	City	State	ZIP Code

SECTION V CERTIFICATION

I certify that the following tax statements are true and correct: (check all that apply)

- The applicant has paid all PA state taxes that are due and owing as of the date of the application.
- The applicant has filed all PA state tax reports and returns due as of the date of the application.
- The applicant has paid all PA state taxes that are due and owing as of the date of the application except for tax liabilities that are subject to a timely administrative or judicial appeal (provide the assessment and docket number for the liabilities under appeal).
- The applicant has paid all PA state taxes that are due and owing as of the date of the application except for tax liabilities that are subject to a duly approved and current payment plan (copy of payment plan(s) enclosed).
- The applicant's officers, directors and persons in a supervisory or management position or employees eligible to make sales:
- (i) have not been convicted of a felony in a state or federal court within the past five years.
 - (ii) have not 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) have not been rejected in any state for a distributor's license or manufacturer's certificate, or equivalent thereto.

SECTION VI SIGNATURE

I declare that I have examined this application and instructions, including schedules and accompanying statements, and to the best of my knowledge and belief it is true, correct and complete. The above statements are being made pursuant to the penalties for unsworn falsification under 18 Pa.C.S. 4904.

Print Name	Signature	Date
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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.

 I hereby attest to the fact that the by-law and corporate officer(s) have not changed since the last application. (If checked, you do not need to complete Schedule A.)

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

THIS FORM MAY BE REPRODUCED

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

THIS FORM MAY BE REPRODUCED

Instructions for REV-1753

Application For Small Games of Chance

REV-1753 IN (SU) 12-21

GENERAL INFORMATION

Enclose the following items with this application:

1. Logo used by manufacturer.
2. Check, cashier's check or money order made payable to the 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. All appropriate schedules:
 - a. Schedule A - List of all owner, partners or if incorporated, officers, directors or shareholders controlling 10 percent (10%) or more outstanding stock.
 - b. Schedule B - List of all distributor's or manufacturer's representatives.
 - c. Schedule C - List of all small game manufacturers with whom distributors do business.
 - d. Schedule D - List of all states wherein business is conducted regarding small games of chance.
 - e. Schedule E - List of all approved small games of chance.
5. Copy of constitution- and by-laws or corporate charter (required for initial applications or when data changes).

The Department of Revenue must be notified of changes to the information included on the application.

HOW TO OBTAIN FORMS

To request additional copies of the REV-1753:

- Visit our web site at www.revenue.pa.gov, or:
- Call our toll-free 24-hour Forms Ordering Message Service at 1-800-362-2050.

ADDITIONAL QUESTIONS

Questions pertaining to Small Games of Chance and this application can be referred to RA-SGOC@pa.gov or the address below.

LINE INSTRUCTIONS

SECTION I

Check the box to indicate the type of application.

Check the box to indicate the type of application. If Background Investigation is checked, print or type the number of individuals. Multiply this number by \$22 to determine the fee.

Print or type the total amount to be remitted to the department.

SECTION II

DISTRIBUTOR'S LICENSE INFORMATION

Print or type the Business Name, DBA/Trade Name, Telephone Number, Address, City, State, Zip Code, Revenue ID, PA Withholding Account Number, Unemployment Compensation Account Number, FEIN, Email and Sales and Use Tax License Number.

SECTION III

MANUFACTURER'S REGISTRATION INFORMATION

Print or type the Business Name, DBA/Trade Name, Telephone Number, Address, City, State, Zip Code, Revenue ID, PA Withholding Account Number, Unemployment Compensation Account Number, FEIN, Email and Sales and Use Tax License Number.

SECTION IV

RESIDENT DESIGNEE

Print or type the Name, Address, City, State and Zip Code. The resident designee must sign this section.

SECTION V

CERTIFICATION

Check all tax statements that apply.

SECTION VI

SIGNATURE

Print name, sign by officer of entity and date.

Mail the application, other documents and check or money order to:

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