



BUREAU OF BUSINESS TRUST FUND TAXES  
PO BOX 280906  
HARRISBURG, PA 17128-0906

## APPLICATION FOR SMALL GAMES OF CHANCE

### LICENSING OF DISTRIBUTORS AND REGISTRATION OF MANUFACTURERS

OFFICIAL USE ONLY

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**

- | 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 \$10) = | \$_____ | <b>Every application (initial &amp; annual) must include a \$10 Background Investigation fee for each individual listed on Schedule A (manufacturer applicants only) or Schedules A and B (distributor applicants only).</b> |

**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 the 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	
Business Address (P.O. Box is not acceptable)	City	State	ZIP Code
Mailing Address (if different than business address)	City	State	ZIP Code
Revenue ID	PA Withholding Account Number	Unemployment Compensation Account Number	
FEIN	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	
Business Address (P.O. Box is not acceptable)	City	State	ZIP Code
Mailing Address (if different than business address)	City	State	ZIP Code
Revenue ID	PA Withholding Account Number	Unemployment Compensation Account Number	
FEIN	Sales and Use Tax License Number		

## APPLICATION FOR SMALL GAMES OF CHANCE

**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 owners, 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 Bureau of Business Trust Fund Taxes, Miscellaneous Tax Division, 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) 787-8275 or the address below.
  - Mail the application and other documents listed above to:

**PA Department of Revenue  
 Bureau of Business Trust Fund Taxes  
 PO Box 280906  
 Harrisburg PA 17128-0906**

<b>SECTION IV.</b>	<b>CERTIFICATION</b>
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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 have been paid, are subject to timely administrative or judicial appeal or 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 SCHEDULES

Please specify which type of applicant you are:     Distributor                       Manufacturer

Legal Business Name

### SCHEDULE A

List the following data for all owners, 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 partners. For all entities, list data for any other responsible person.

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

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

## SMALL GAMES OF CHANCE SCHEDULES

### 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:

- |  |                                    |   |   |
|--|------------------------------------|---|---|
| <input type="checkbox"/> Daily/Weekly Drawings | <input type="checkbox"/> Pull-Tabs | <input type="checkbox"/> Punchboards    | <input type="checkbox"/> Raffles            |
| <input type="checkbox"/> Race Night            | <input type="checkbox"/> Pools     | <input type="checkbox"/> 50/50 Drawings | <input type="checkbox"/> Dispensing Devices |

Check all types of entities that 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	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			<input type="checkbox"/> New <input type="checkbox"/> Discontinued
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		<input type="checkbox"/> New <input type="checkbox"/> Discontinued			<input type="checkbox"/> New <input type="checkbox"/> Discontinued