REV-1753 AS (01-14) (FI)

pennsylvania
DEPARTMENT OF REVENUE

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

MM/DD/YYYY - Format for all Date fields

Please Print or Type.

ACCOUNT NUMBER:

DISTRIBUTOR - D - _____

MANUFACTURER - M - _____

Start →

1. CHECK THE APPROPRIATE BLOCK(S)

☐ Initial Application ☐ Annual Application ☐ Change of Data (Attach appropriate statements)

TYPE OF APPLICATION	FEE	EXPLANATION
☐ Distributor License	$2,000	Required for initial and every annual application.
☐ Manufacturer Registration Certificate	$2,000	Required for initial and every annual application.
☐ Replacement Certificate or License	$100	Issued only if original is defaced, destroyed or lost.
☐ Background Investigation for (_____ Individuals X $10) =	$_____	**Every application (original & annual) must include a $10 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.

2. IF APPLYING FOR A DISTRIBUTOR'S LICENSE NUMBER, COMPLETE THE FOLLOWING:

Legal Business Name | Telephone Number

Business Address (Post Office Box Not Acceptable)

Street | City/Town | County | State | Zip Code

Mailing Address (If Different than Business Address)

Street | City/Town | County | State | Zip Code

Pennsylvania Tax Identification Numbers (See Instructions)

Corporation Tax File (Box) Number	PA Withholding Account Number	Unemployment Compensation Account Number
-	-	-
Federal Employer Identification Number	**Sales and Use Tax License Number**	
	-	

3. IF APPLYING FOR A MANUFACTURER'S REGISTRATION NUMBER, COMPLETE THE FOLLOWING:

Legal Business Name | Telephone Number

Business Address (Post Office Box Not Acceptable)

Street | City/Town | County | State | Zip Code

Mailing Address (If Different than Business Address)

Street | City/Town | County | State | Zip Code

Pennsylvania Tax Identification Numbers (See Instructions)

Corporation Tax File (Box) Number	PA Withholding Account Number	Unemployment Compensation Account Number
-	-	-
Federal Employer Identification Number	**Sales and Use Tax License Number**	
	-	

RESET FORM PRINT NEXT PAGE

4. 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 5.
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.

5. CERTIFICATION

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 and 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.

Sworn and subscribed to before me this day of _____

Please sign after printing.

Signature of an individual listed on Schedule A

Social Security Number

Please sign after printing.

Notary Public

Print Name

Date

My Commission Expires

Title

Telephone Number

Notary Seal

Corporate seal

RESET FORM

PRINT

NEXT PAGE

SMALL GAMES OF CHANCE SCHEDULES

Please Print or Type all information

Check (✔) which type of applicant you are: ☐ Distributor ☐ Manufacturer	Enter 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.

Full Name	Title or Relationship	Email Address	Social Security Number
Resident Mailing Address		Telephone Number	Date of Birth
Full Name	Title or Relationship	Email Address	Social Security Number
Resident Mailing Address		Telephone Number	Date of Birth
Full Name	Title or Relationship	Email Address	Social Security Number
Resident Mailing Address		Telephone Number	Date of Birth

SCHEDULE B

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

Full Name	Title	Telephone Number
Resident Mailing Address		Check one ☐ Commissioned ☐ Salaried
Full Name	Title	Telephone Number
Resident Mailing Address		Check one ☐ Commissioned ☐ Salaried
Full Name	Title	Telephone Number
Resident Mailing Address		Check one ☐ Commissioned ☐ Salaried

SCHEDULE C

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

Full Name	Title	Telephone Number
Complete Address of Place of Business		Manufacturer's Certificate Number
Full Name	Title	Telephone Number
Complete Address of Place of Business		Manufacturer's Certificate Number
Full Name	Title	Telephone Number
Complete Address of Place of Business		Manufacturer's Certificate Number

THIS FORM MAY BE REPRODUCED

RESET FORM PRINT NEXT PAGE

SMALL GAMES OF CHANCE SCHEDULES

Please Print or Type all information

SCHEDULE D

List all States wherein business is conducted regarding small games of chance.

SCHEDULE E

Check (✔) types of small games distributed or manufactured:

A ☐ Daily/Weekly Drawings **B** ☐ Pull-Tabs **C** ☐ Punchboards **D** ☐ Raffles **E** ☐ Dispensing Devices

F ☐ Race Night **G** ☐ Pools **H** ☐ 50/50 Drawings

Check (✔) types of entities small games of chance will be sold to:

A ☐ Eligible Organizations **B** ☐ Club Licensees **C** ☐ Taverns

Manufacturers must submit a list of the small games checked above and/or new SGOC Product(s) to be reviewed.

- 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.

If additional space is required, attach 8 1/2" X 11" sheet of paper.

THIS FORM MAY BE REPRODUCED

RESET FORM PRINT RETURN TO TOP OF PAGE ONE