

ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION
Bingo Raffle Registration Distributor and Manufacturer Supplemental Form

Print Form

Clear Form

SECTION A: OWNERSHIP INFORMATION

1) Legal Name (Enter full legal name of business): _____
2) Federal Identification Number (FEIN): _____ - _____ OR Social Security Number (SSN): _____ - _____ - _____

SECTION B: LICENSE TYPE

3) Type of License: (check the appropriate box)	<u>Original</u>	<u>Renewal*</u>
A) \$2,500.00 Manufacturer Annual Fiscal License	<input type="checkbox"/>	<input type="checkbox"/>
B) \$2,500.00 Distributor Annual Fiscal License	<input type="checkbox"/>	<input type="checkbox"/>

*If renewal application, supply existing 8 digit Account ID _____ -BRR

SECTION C: RESPONSIBLE PARTY CERTIFICATION

4) I certify that as the responsible party for the above mentioned business, that I have not been found guilty or plead guilty to a felony in the State of Arkansas, or any similar offense by a court in another state or of any similar offense by a military or federal court.

(Print Name)

(Signature of Responsible Party)

Date