STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

L-2322 CHECKLIST

L-2322C
(Rev. 8/29/19)
4622

Submit all of the following documents as they apply to you:

_____ 1. Completed application, signed, dated, and notarized. The application and signatures must be original (no copies).

_____ 2. Copy of the master lease for the bingo location. The lease must list the physical address of the business location.

_____ 3. Copy of the floor plan for the bingo location's building

_____ 4. Signed equipment donation agreement if equipment (including tables and chairs) is not owned by your organization. Donation arrangements can be temporary.

_____ 5. Copy of the corporate charter and letter stating the organization is a registered charity with the South Carolina Secretary of State (SCSOS)

_____ 6. Current copy of your bond, including the bond number and amount

_____ 7. Copy of the IRS letter stating that your organization is operating exclusively for charitable, religious, or fraternal purposes and is exempt from federal Income Tax

_____ 8. Letter of good standing from national organization

_____ 9. Copy of the organization's South Carolina charter and a copy of the bylaws

_____ 10. Membership list for the past 12 months including addresses and phone numbers

_____ 11. Minutes of all meetings for the last 24 months

_____ 12. Financial statements for the past three years including gross income and expenses

_____ 13. List of charitable activities for the past three years

_____ 14. List of assets owned by the organization

1350

dor.sc.gov

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

APPLICATION FOR BINGO LICENSE
CLASS C - HARD CARDS

L-2322
(Rev. 8/29/19)
4622

Mail to: SCDOR, Bingo Licensing & Enforcement, Columbia, SC 29214-0945
Phone: 803-898-5393
Email: bingo@dor.sc.gov

The application and all signatures must be original. We cannot accept copies of applications or reproduced signatures.

PRINT ALL INFORMATION

1. Applicant name as chartered with the SCSOS _____

   FEIN _____

   Date the organization was chartered by the SCSOS _____

   Street address _____

   City _____ State _____ ZIP _____

   Mailing address _____

   City _____ State _____ ZIP _____

   Contact name & title _____ Phone number _____

   Email address _____

2. Doing business as (DBA) name and address where you intend to conduct bingo games

   DBA name _____

   Location of game _____ _____
   Street address (no PO box) City, State, Zip

   Days and time of play _____

3. If you have been added within the past year to your national organization group ruling, has the national organization notified the IRS of your addition? ☐ Yes ☐ No

4. Is your organization operating exclusively for charitable, religious, or fraternal purposes and exempt from federal Income Tax? ☐ Yes ☐ No

5. State the specific purposes for which your organization will use the bingo net proceeds. See SC Code Section 12-21-4090(H) at **dor.sc.gov/policy**.

   _____

   _____

6. Do you own the bingo equipment, including tables and chairs? ☐ Yes ☐ No

   If no, you must attach a copy of the signed lease or rental agreement stating the lease or rental amount.

7. Do you own the building used for bingo games? ☐ Yes ☐ No

If no, you must attach a copy of the signed lease or rental agreement stating the lease or rental amount.

8. Will you sell snacks, t-shirts, or other products? ☐ Yes ☐ No

If yes, enter Sales Tax License Number: _____ Name on license: _____

9. Provide the following information for all officers of the organization.

Name and Position Held	Home Address	Phone Number

Attach additional sheet, if necessary.

AFFIDAVIT

STATE OF SOUTH CAROLINA

County of _____

I, _____ (Name), _____ (Title)

of _____ (Company or entity name) do swear or affirm that the information contained in this application and attached documents is true and correct to the best of my knowledge and belief. **I further agree that the game of Bingo will be conducted as outlined in SC Code Sections 12-21-3910 and 12-21-3920, I will abide by Article 24 of the Bingo Tax Act, and will advise the SCDOR, in writing, within 30 days of any changes in the information supplied on this application.**

_____ Signature _____ Date

_____ Title

SWORN to and subscribed before me this

_____ day of _____, year of _____

Notary Public for _____

My commission expires: _____

Notary (legal signature) _____

Notary (printed name) _____