

**STATE OF WEST VIRGINIA**  
**State Tax Department, Charitable Bingo/Raffle Unit**  
**PO Box 1143**  
**Charleston, WV 25324-1143**

**Joe Manchin III, Governor**

**Christopher G. Morris, Tax Commissioner**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Account #:** \_\_\_\_\_

WV/RAFBRD-1  
 rL181 v.1-Web

**LICENSE APPLICATION TO SELL RAFFLE BOARDS AND GAMES**

**NOTE: This return has been redesigned. To avoid delays in the processing of this return, DO NOT use any older forms you may have. For information regarding the State Tax Department's new computer system, visit our website at [www.wvtax.gov](http://www.wvtax.gov)**

Registration Year:	to	Due Date:	
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Check Type:	Wholesaler or Distributor <input type="checkbox"/>	Manufacturer <input type="checkbox"/>	Manufacturer and Distributor <input type="checkbox"/>
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Under West Virginia Code § 47-23 Wholesalers, Distributors or Manufacturers making sales to West Virginia Retailers must have a current Raffle Boards and Games License.

The annual fee is \$500.00 - Amount Enclosed	
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Also you must be registered to do business in the State of West Virginia pursuant to the provisions of West Virginia Code § 11-12.

If you have not registered to do business in West Virginia, please review the information in the enclosed booklet, complete the Application for Registration Certificate (WV/BRT-801) and mail it with this application.

**IF YOU ARE A NONRESIDENT SUPPLIER OF RAFFLE BOARDS AND GAMES TO WEST VIRGINIA RETAILERS, YOU MUST DESIGNATE A RESIDENT AGENT UPON WHOM NOTICE OF PROCESS MAY BE SERVED. PLEASE FURNISH THE FOLLOWING INFORMATION:**

RESIDENT AGENT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
 STREET: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**Complete and return this application and \$500.00 remittance.**  
**Make checks payable to West Virginia State Tax Department**

**Should you have any questions, please contact the Charitable Bingo/Raffle Unit at (304) 558-8510**

Make a photocopy of this application for your records before mailing it.

<b>Sign Your Return</b>			
Under penalties of perjury, I declare that I have examined this return (including accompanying schedules and statements) and to the best of my knowledge and belief it is true and complete.			
(Signature of Taxpayer)	(Name of Taxpayer - Type or Print)	(Title)	(Date)
(Person to Contact Concerning this Return)	(Telephone Number)	(E-mail Address)	
(Signature of preparer other than taxpayer)	(Address)	(Date)	

**MAKE CHECK PAYABLE AND MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT**  
**CHARITABLE BINGO/RAFFLE UNIT**  
**PO BOX 1143, CHARLESTON, WV 25324-1143**  
**FOR ASSISTANCE CALL (304) 558-8510**  
 For more information visit our web site at: [www.wvtax.gov](http://www.wvtax.gov)  
 File online at: <https://mytaxes.wvtax.gov>

