Reset Form

CG-AN, AFFILIATE NOTIFICATION

State Form 55026 (R / 6-15)
INDIANA GAMING COMMISSION

National Foundation/Organization or State Foundation/Organization name (*please type or print*)	Annual Comprehensive License Number
Affiliate name and ID number (number assigned by IGC on National/State license)	☐ RAFFLE EVENT ☐ DOOR PRIZE EVENT
Affiliate address of principal office (*number and street; required*)	P.O. Box Number (*if applicable*)

City	State	ZIP code

Affiliate daytime telephone number ( )	Affiliate fax number ( )
Affiliate Federal Identification number (FID) (*If applicable*)	Affiliate email address

Affiliate contact person's name and title	Affiliate contact person's daytime telephone number ( )	Please include extension number

1. On what date and during what hours will your event be conducted? *(A.M. establishes the midnight hour; P.M. establishes the noon hour.)*
Date _____ Hours _____ _____M to _____ _____M

2. Name and address of the facility where the gaming event will be conducted *(number and street) (see item 5 below)*

City	State	ZIP Code	County

3. Please list at least three (3) operators who will supervise, manage and be responsible for the operation of the gaming events
(Attach additional sheets if necessary.)

Full legal name	Home address (*number and street, city, state, ZIP code*)	Driver's license or state I.D.	Date of birth (*month, day, year*)	Daytime telephone number	Month, Year Joined/Employed

4. Please list the name from above of the **principal operator** who has overall responsibility for the operation and control of this charity gaming event.
X_____

5. Required attachments: ☐ Lease/donation statement ☐ List of Current Affiliate Officers (Complete Form CG-CO)

Certification: We certify under the penalties for perjury that all of the information submitted in this form is true and that providing false information may lead to the revocation or denial of charitable gaming license(s), termination of qualification status, a civil penalty, or other sanction as determined by the Commission through an administrative process.

Signature of Affiliate Presiding Officer		Signature of Affiliate Secretary	
Printed Name and Title		Printed Name	
Date *(month, day, year)*	Daytime telephone number ( )	Date *(month, day, year)*	Daytime telephone number ( )

Mail completed form to: Indiana Gaming Commission, Charity Gaming Division, 101 W. Washington St., East Tower, Suite 1600
Indianapolis, Indiana 46204

General Instructions

Please allow 21 days for Processing

Enter the name of the National Foundation, National Organization, State Foundation or State Organization and their Annual Comprehensive License Number. Enter the name of the affiliate applying and identify the type of event, Raffle or Door Prize. Enter the address of the affiliate's principal office, a P.O. Box number, if applicable, and the city, state and ZIP code. Provide the affiliate's daytime telephone number and fax number. Please provide the affiliate's Federal Identification Number, if applicable. Please provide an email address. The name and title of the affiliate's contact person, including telephone number and extension if applicable, must be provided.

Line item instructions.

Line 1: Enter the date, the beginning time and the ending time of the event.

Line 2: Enter the address of the facility where the gaming event will be held.

Line 3: Enter at least three operators who will conduct the gaming event. ALL information must be supplied. Please make sure to use the individuals FULL LEGAL NAME.

Line 4: Enter the name of the operator who has overall responsibility for the gaming activities.

Line 5: REQUIRED:

- Lease/donation statement: a copy of either the lease/rental agreement or a donation statement must be attached. Included somewhere in the document, the lessor/donor must recognize the fact that a gaming activity will occur.
- List of Current Affiliate Officers, Form CG-CO, must also be attached.

Certification – The Presiding Officer of the affiliate (e.g., the highest ranking official, President, Chairman, or CEO) and Secretary of the affiliate must sign.