

**CG-AFF, AFFILIATION ATTACHMENT ANNUAL COMPREHENSIVE LICENSE APPLICANTS**State Form 55027 (R2 / 4-18)
INDIANA GAMING COMMISSION**General instructions**

Enter the name of the National Foundation/Organization or State Foundation/Organization. Enter the name of each affiliate to be recognized on the Annual Comprehensive License. Enter the affiliate's Federal Identification Number and check if they are exempt with IRS. REMINDER: Each affiliate must have IRS exemption status. Affiliates without exemption status will not be included on the ACL license and will not be eligible to obtain approval for events. Please provide the date the affiliate was formed, the location of the proposed events and estimated number of events. (*Please type or print.*)

National Foundation/Organization or State Foundation/Organization name

Name and address of Affiliate		Federal Identification Number	Exemption with IRS? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date formed (<i>month, day, year</i>)	Location(s) of proposed event(s)		Estimated number of events
Name and address of Affiliate		Federal Identification Number	Exemption with IRS? <input type="checkbox"/> YES <input type="checkbox"/> NO
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