Reset Form

CG-AFF, AFFILIATION ATTACHMENT ANNUAL COMPREHENSIVE LICENSE APPLICANTS

State Form 55027 (R / 6-15)
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. The date formed must be supplied for each affiliate. Please provide an estimated number of events and the location of the proposed events.

National Foundation/Organization or State Foundation/Organization name (*please type or print*)

Name and address of Affiliate	Date formed *(month, day, year)*
Estimated number of events	Location(s) of proposed event(s)
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