



CG-ACL(R), RENEWAL APPLICATION FOR ANNUAL COMPREHENSIVE LICENSE

State Form 55028 (R / 6-15)
Approved by State Board of Accounts, 2015
INDIANA GAMING COMMISSION

National Foundation/Organization or State Foundation/Organization name (<i>please type or print</i>)						☐ National Foundation	☐ State Foundation
						☐ National Organization	☐ State Organization
Address of principal office (<i>number and street; required</i>)						P.O. Box Number (<i>if applicable</i>)	
City			State			ZIP code	
Organization daytime telephone number ()		Please include extension number		Organization fax telephone number ()			
Federal Identification number (FID)				Email address			
Contact person's name and title			Contact person's daytime telephone number ()		Please include extension number		
1. Attachments (See instructions) For all foundations/organizations: ☐ List of Current Officers (Complete Form CG-CO) ☐ List of Affiliates (Complete Form CG-AFF) ☐ Evidence of grants to Indiana Organizations (National/State Foundations only)							
2. Name/address of the Indiana bank designated by the National Foundation/National Organization/State Foundation/State Organization (<i>See instructions</i>)							
3a. Name of separate and segregated charity gaming checking account				3b. Account number of separate and segregated charity gaming account			
6. Please list the proposed operators who will supervise, manage and be responsible for the operation of the gaming events. (<i>Attach additional sheets if necessary.</i>)							
Full legal name		Home address (<i>number and street, city, state, ZIP code</i>)		Driver's license or state I.D.	Date of birth (<i>month, day, year</i>)	Daytime telephone number	Date joined organization (<i>month, day, year</i>)
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 National/State President (CEO)				Signature of National/State Secretary			
Printed Name and Title				Printed Name and Title			
Date (<i>month, day, year</i>)		Daytime telephone number ()		Date (<i>month, day, year</i>)		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

Enter the name and select National Foundation, National Organization, State Foundation or State Organization. Enter the address of the principal office, a P.O. Box number, if applicable, and the city, state and ZIP code. Provide the organization's daytime telephone number along with a fax number. The Federal Identification Number must be provided. Please provide the organization's email address. The name and title of a contact person, including telephone number and extension number if applicable, must be provided.

Line item instructions

Item 1: The Indiana Gaming Commission, Charity Gaming Division's Current Officers Form, CG-CO, must be completed and attached. Also, the List of Affiliates, CG-AFF, must be attached to identify the Indiana chapters/subdivisions/associations/committees to be recognized under this Annual Comprehensive License.

National/State Foundations only – must provide that the foundation has provided grants to Indiana organizations in aggregate amounts that annually exceed fifty thousand dollars (\$50,000) in each of the three (3) calendar years preceding the calendar year in which the organization applies for a license under this article. A list including the Name, Address, Federal Identification Number, amount of distribution and date of distribution should be provided for each year required.

Item 2: Enter the name and address of the Indiana bank where the separate and segregated charity gaming checking account is located. All income from all charity gaming events held by the foundations/organizations affiliates must be deposited into this separate and segregated charity gaming checking account and cannot be transferred to any other account.

Item 3a: Enter the name of the separate and segregated charity gaming checking account.

Item 3b: Enter the account number of the separate and segregated charity gaming checking account.

Item 4: Enter the proposed operators who will supervise, manage and be responsible for the operation of the gaming events.

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