



APPLICATION FOR NEW TYPE II GAMING ENDORSEMENT

State Form 53612 (R / 3-21)
ALCOHOL AND TOBACCO COMMISSION

FOR OFFICE USE ONLY	
Examined by / date (mm/dd/yyyy)	
Permit Number	
Issue date (mm/dd/yyyy)	
New expiration date (mm/dd/yyyy)	

- INSTRUCTIONS:**
1. Type or print legibly.
 2. Include payment.
 3. Do not complete shaded areas.

STEP 1. GENERAL INFORMATION		
Name of applicant as printed on existing alcoholic beverage permit	Alcohol Permit Number	Release date (mm/dd/yyyy)
Name of Business as alcohol permit (d/b/a)	Alcohol Permit Status <input type="checkbox"/> Active <input type="checkbox"/> Pending <input type="checkbox"/> In Escrow	Fee
Business Address (number and street, city, state, ZIP code)	Limited Criminal History Check	
Mailing address (number and street, city, state, ZIP code)		
Business Telephone Area / Number () -	Home Telephone Area / Number () -	
1. Are you aware that you are ineligible for a type II gaming permit if you have any outstanding violations with the Alcohol and Tobacco Commission?		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you have a barroom area that is inaccessible to minors that meets the definition of a tavern in IC 4-36-2-18? (If Yes, attach copies of floor plan on 8.5" x 11" paper, if applicable.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you aware that type II gaming may not be offered in any part of the retailer's licensed premises in which a minor may be present under IC 7.1-5-7-11(a)(16)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you aware that this type II gaming endorsement allows you only to engage in the type II gaming activity outlined in IC 4-26-2-20?		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you reviewed the rules for type II games in IC 4-36?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have any applicants and/or any person with an ownership interest associated with this permit been convicted of a felony in the last ten (10) years? (If Yes, please attach letter with dates, court, conviction, and sentence of conviction.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have all your sales taxes and property tax obligations for the past year and those due at this time been paid in full?		<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you aware that you must keep accurate financial records of your type II gambling games and you cannot co-mingle those records with your alcoholic beverage or food sales and those records must be stored at the permit premise for four (4) years?		<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you aware that engaging in illegal gambling or gaming not approved by the Alcohol and Tobacco Commission could result in the loss of the type II gaming endorsement and/or your alcoholic beverage permit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

STEP 2. BUSINESS OWNERSHIP	
Check one: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Club <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Sole ownership	CORPORATIONS ONLY
Note: If the ownership has changed (by death, transfer or sale of stock or interest, etc.) since you last applied for renewal, the processor should be notified at once before completing this section.	
Provide the information for the individuals associated with your permit as follows: (Attach a list if more space is required.) <ul style="list-style-type: none"> • CORPORATION - President, secretary, and all stockholders (List total shares authorized / issued and individual shares held and percent of shares issued.) • LIMITED LIABILITY COMPANY - All members and percent of interest held • LIMITED PARTNERSHIP / PARTNERSHIP / LIMITED LIABILITY PARTNERSHIP - All partners and percent of interest held • SOLE OWNERSHIP - Owner 	Total shares authorized Total shares issued

TITLE	NAME AND HOME ADDRESS (number and street, city, state, and ZIP code)	DATE OF BIRTH (mm/dd/yy)	SHARES OR INTEREST HELD IF APPLICABLE	%

STEP 3. OPERATION INFORMATION

As the owner will you be the individual conducting the type II gaming and maintaining the records?

Yes No

If the owner is not directly responsible for the type II gaming the Alcohol and Tobacco Commission requires that a gaming manager be responsible.

A gaming manager is a person responsible for operating and controlling the type II gambling operation with the authority to make decisions regarding the type II gaming activities.

A gaming manager must be available at any time a person may win a prize with a value of \$250 or more.

When a person wins a prize of \$250 or more, the gaming manager must make a record by:

1. Having the winner print his/her name and date of birth, in ink, on the side of the winning punch or tab opposite the winning symbol;
2. Verifying the winner's identity and recording the current date and initialing the winning punch or tab; and
3. Recording the required information on a sheet of paper at least three (3) inches by five (5) inches and stapling the winning tab or punch to the paper if the pull tab or punch is constructed or printed so that recording the information required in a legible manner is not possible.

Do you understand the requirements and attest that the managers listed below will perform these obligations? _____ (Initial)

LIST THE MANAGERS FOR THIS PREMISE (ENCLOSE AN ADDITIONAL SHEET IF NECESSARY.)

NAME	EMPLOYEE PERMIT NUMBER (if also serving alcohol) or OWNERSHIP TYPE	EMERGENCY TELEPHONE NUMBER

STEP 4. AFFIDAVIT OF APPLICANT

I certify that there have been no changes regarding my previous application except those noted herein. I certify that this application was completed by myself. I certify that my premises ownership is true and that I will provide a copy of any applicable lease or purchase by contract upon request of the Commission. I certify that all information provided herein and on any attached schedules or documents are true and correct.

I UNDERSTAND THAT IT IS A FELONY UNDER LAW TO MISREPRESENT OR FALSIFY ANY PORTION OF THIS APPLICATION OR ATTACHED DOCUMENTS.

I consent to credit investigations and criminal record searches conducted by the Commission for the purposes of reviewing this application.

Signature of applicant	Printed name of applicant	Date (mm/dd/yyyy)
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NOTE: The applicant MUST sign this application unless the proper Power of Attorney form is attached to this application.

STEP 5. FEE

Please remit business, certified checks, or money order - application will not be processed without payment.

Make checks payable to the Alcohol and Tobacco Commission.

Initial Issuance Fee = \$250 (IC 4-36-4-5(a)(1))

MAIL TO:
 INDIANA ALCOHOL & TOBACCO COMMISSION
 Attention: Type II Gaming
 302 West Washington Street, Room E114
 Indianapolis, Indiana 46204
<https://www.in.gov/atc>