



# CG-SCHEDULE A, OPERATOR ATTACHMENT

State Form 56739 (R / 7-19)  
INDIANA GAMING COMMISSION

For office use only

Reviewed by: \_\_\_\_\_

Date reviewed: \_\_\_\_\_

**Attach this completed sheet to the Application.**

Organization legal name	Federal Identification Number (FID)	Activity License Number
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Do any of the proposed Operators, listed on this Schedule have a Felony Conviction within the past ten (10) years?

Yes  No *If yes, those individual(s) cannot be involved with the organization's gaming activities in any manner and MUST be removed from this Schedule.*

**Operator Information** – Please list the legal name of those individuals who have been a **member** of your organization for at least sixty (60) days and who will supervise, manage, and be responsible for the operation and conduct of the gaming activity. Please list at least three (3) members. Attach additional copies as needed. All areas must be completed.

First Name	Middle Initial	Last Name	Birth Date (mm/dd/yyyy)	Driver's License or State Identification Number
Complete Home Address (no P.O. Box Numbers)			Telephone Number ( )	Date Joined Organization (mm/dd/yyyy)
First Name	Middle Initial	Last Name	Birth Date (mm/dd/yyyy)	Driver's License or State Identification Number
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