



# CG-SCHEDULE B, WORKER ATTACHMENT

State Form 56740 (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 Workers, 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.*

**Member Worker Information** – Please list the legal name of those individuals who have been a member of your organization for at least thirty (30) days and will assist in conducting the gaming activity. Attach additional copies as needed.

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
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
Complete Home Address (no P.O. Box Numbers)			Telephone Number ( )	Date Joined Organization (mm/dd/yyyy)
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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)

**Employee Worker Information** - This section shall be used to list those individuals who are full time employees of your organization and will conduct or assist in conducting the gaming activity. Attach additional copies as needed.

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 Hired (mm/dd/yyyy)
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 Hired (mm/dd/yyyy)