CG-SCHEDULE C, BARTENDER ATTACHMENT

State Form 56741 (6-19)
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

Do any of the proposed Bartenders, 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.*

Bartender Information – Use only with the CG-AL License Application. Please list the legal name of those individuals who are full time or part time paid bartenders for your organization when selecting "Raffle" on page 1, line 18 of the CG-AL. 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 ( )	Hire Date *(mm/dd/yyyy)*	☐ Full Time ☐ Part Time
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 ( )	Hire Date *(mm/dd/yyyy)*	☐ Full Time ☐ Part Time
First Name	Middle Initial	Last Name	Birth Date *(mm/dd/yyyy)*	Driver's License or State Identification Number	
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