

**CG-AAL, APPLICATION FOR ANNUAL AFFILIATE LICENSE**State Form 56729 (R / 1-23)  
INDIANA GAMING COMMISSION**For office use only**

Reviewed By: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Date Completed: \_\_\_\_\_

1. <input type="checkbox"/> National Foundation or <input type="checkbox"/> National Organization legal name		2. Doing Business As (DBA)		
3. Federal Identification Number (FID/EIN)		4. AAL license number		
5. Address of principal office ( <i>number &amp; street required</i> )	6. City	7. State	8. ZIP Code	9. County
10. Mailing Address ( <i>if different</i> )	11. City	12. State	13. ZIP Code	14. County
15. National daytime telephone number ( )	16. Fax number ( )	17. National email address		
18. Contact person's name	19. Contact person's telephone number ( )	20. Contact person's email address		
21. Date formed ( <i>mm/dd/yyyy</i> ) ____ / ____ / ____		22. Number of years active, continuous existence in Indiana _____		

**ATTACHMENTS FOR FIRST TIME APPLICANTS (required)**

- By-laws  
 Articles of Incorporation  
 IRS tax exemption status letter  
 Affiliates List (Complete Form CG-AFF)  
 Officer List (Complete Form CG-OL)
- Evidence of grants to Indiana Organizations (National Foundations only)  
 Proof of Existence (National Organizations only)

**ATTACHMENTS FOR RENEWING APPLICANTS (required)**

- Affiliates List (Complete Form CG-AFF)  
 Officer List (Complete Form CG-OL)
- Evidence of grants to Indiana Organizations (National Foundations only)

**INDIANA BANK INFORMATION**

23. Name and full address of the Indiana bank designated by the National Foundation or National Organization.

24. Name of separate and segregated charity gaming checking account

25. Account number of separate and segregated charity gaming account

26. Please list at least three (3) operators who will supervise, manage and be responsible for the operation of the gaming activity.  
(*Attach additional pages if necessary*)

Full legal name	Home address ( <i>street, city, ZIP Code</i> )	Driver's License or State Identification Number	Date of Birth ( <i>month, day, year</i> )	Daytime Telephone Number	Month, Year Joined/Employed

**CERTIFICATION:** We certify under the penalties of perjury that all of the information submitted in this form and any attachment is true and understand 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 Presiding Officer		Signature of Secretary	
Printed name of Presiding Officer	Title	Printed name of Secretary	
Date ( <i>month, day, year</i> )	Daytime telephone number ( )	Date ( <i>month, day, year</i> )	Daytime telephone number ( )

## CG-AAL, ANNUAL AFFILIATE LICENSE APPLICATION INSTRUCTIONS

Line 4: If you are renewing your Annual Affiliate License enter your current license number.

### FIRST TIME APPLICANTS ONLY:

Line 21: Enter the date (month, day, year) the National Foundation or National Organization was formed.

Line 22: Enter the number of years active continuous existence in Indiana.

**National Foundations only** – must provide proof 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 annual affiliate license. A list including the name, address and Federal Identification Number, amount of distribution and date of distribution should be provided for each year required.

**National Organizations only** – must provide proof of continuous existence in Indiana for at least one (1) year.

### RENEWING APPLICANTS ONLY:

**National Foundations only** – must provide proof 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 annual affiliate license. A list including the name, address and Federal Identification Number, amount of distribution and date of distribution should be provided for each year required.

### ALL APPLICANTS:

Line 23 Enter the name and full 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/organization's affiliates must be deposited into this separate and segregated charity gaming checking account and cannot be transferred to any other account.

Line 26 Enter the proposed operators who will supervise, manage and be responsible for the operation of the allowable activities.

### CERTIFICATION SECTION:

The Presiding Officer of the organization (e.g., the highest-ranking official, President, Chairman, or CEO) and Secretary of the organization must sign attesting to the accuracy of the information.

Mail forms to:  
Indiana Gaming Commission / Charity Gaming Division  
101 West Washington Street, East Tower, Suite 1600  
Indianapolis, Indiana 46204