



CG-AN, AFFILIATE NOTIFICATION

State Form 56737 (R / 10-22)
INDIANA GAMING COMMISSION

For office use only

Reviewed by _____
Date Reviewed _____
Date Completed _____

Please allow 21 business days for processing. Incomplete applications will not be processed.

1. National Foundation or National Organization legal name		2. AAL license number			
3. Affiliate name and Identification number (<i>number assigned by IGC on National License</i>)		4. Affiliate e-mail address			
5. Affiliate Federal Identification Number (FID /EIN)		6. Affiliate phone number ()		7. Affiliate Fax number ()	
8. Affiliate address of principal office (<i>number & street required</i>)		9. City	10. State	11. ZIP Code	12. County
13. Affiliate mailing address or P.O. Box number (<i>if different</i>)		14. City	15. State	16. ZIP Code	17. County
18. Contact person's name		19. Contact person's telephone number ()		20. Contact person's e-mail address	

ACTIVITY INFORMATION

21. BINGO ACTIVITIES <input type="checkbox"/> Yes <input type="checkbox"/> No		22. RAFFLE ACTIVITIES <input type="checkbox"/> Yes <input type="checkbox"/> No			
23. Does your affiliate own or intend to purchase "licensed supplies" (<i>bingo paper</i>) or gaming equipment (<i>bingo blowers, display boards</i>) <input type="checkbox"/> Yes, Name of Distributor _____ <input type="checkbox"/> No		24. If Raffle(s) are to be conducted, what type of tickets will be used and how does the organization plan to sell tickets? _____			
25. On what date and during what hours will your activity be conducted? Date (<i>month, day, year</i>) _____ Hours _____ M to _____ M					
26. Name and address of the facility where the gaming activities will be conducted (<i>number and street</i>) _____					
27. City		28. State	29. ZIP Code		30. County
31. Is this facility? <input type="checkbox"/> Owned <input type="checkbox"/> Leased/Rented <input type="checkbox"/> Donated					

OPERATOR INFORMATION

32. 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

33. Please list, from above, the name of the principal operator who has overall responsibility for the operation and control of this charity gaming activity. _____

National Foundation or Organization legal name		Affiliate Name & Identification Number		Affiliate Federal Identification Number (FID/EIN)	
OFFICER INFORMATION					
34. List any officers listed on line 32, or officers of the affiliate? List their name, title and term ends below:					
Name		Title		Term ends	
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 Affiliate Presiding Officer			Signature of Affiliate Secretary		
Printed name of Presiding Officer		Title	Printed name of Secretary		
Date (month, day, year)		Daytime telephone number ()	Date (month, day, year)		Daytime telephone number ()

CG-AN, Affiliate Notification Instructions

Line 23: Licensed supplies such as bingo paper, bingo cards, bingo roll cage, bingo blower and bingo display boards must be obtained from an Indiana licensed distributor.

Line 32: Operator information. Please list at least three (3) operators who will supervise, manage and be responsible for this event.

Line 34: Officer information can be provided here on the application or by using Form CG-OL, Officer List.

Certification Section:

The Presiding Officer of the affiliate (*e.g., the highest ranking official, President, Chairman, or CEO*) and the Secretary of the affiliate 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