

**CG-CVN, CONVENTION RAFFLE LICENSE**

State Form 56738 (R / 11-23)  
 INDIANA GAMING COMMISSION  
 Approved by State Board of Accounts, 2023

**For office use only**

Reviewed by \_\_\_\_\_  
 Date Reviewed \_\_\_\_\_  
 Date Completed \_\_\_\_\_

*Please allow twenty-one (21) business days for processing. Incomplete applications will not be processed.*

1. Organization legal name		2. Doing Business As (DBA)		
3. Federal Identification Number (FID/EIN)		4. Charity Gaming (CG) license number		
5. Address of principal office (number & street required)	6. City	7. State	8. ZIP Code	9. County
10. Mailing address (if different)	11. City	12. State	13. ZIP Code	14. County
15. Organization daytime telephone number ( )	16. Fax number ( )	17. Organization email address		
18. Contact person's name	19. Contact person's telephone number ( )	20. Contact person's email address		

**ATTACH COPY OF THE IRS TAX EXEMPTION STATUS LETTER (501 C determination letter)**

21. On what date and during what hours will your activity be conducted?  
 Date (month, day, year) \_\_\_\_\_  
 Hours \_\_\_\_\_ M to \_\_\_\_\_ M

22. Name and address of the facility where the raffle activity will be conducted (number and street)

23. City	24. State INDIANA	25. ZIP code	26. County
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27. Please list the operators who will supervise, manage and be responsible for conducting the RAFFLE activity. (Attach additional sheets if necessary)

Full legal name	Home address (number and street, city, state, ZIP code)	Date of birth (month, day, year)	Daytime telephone number
			( )
			( )
			( )

28. Have any operators listed above or on any attachments been convicted of a felony in the last ten (10) years in any Jurisdiction? Except for arrests which have been sealed or convictions that have been expunged by a court. (See instructions)  Yes  No

**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 (month, day, year)	Daytime telephone number ( )	Date (month, day, year)	Daytime telephone number ( )

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

## **CG-CVN, Convention License for an Out of State Organization Instructions**

### **General Information Section**

Line 4 Enter the organization's charity gaming license number. If this is your first time applying, the license number will be assigned upon review. If you have held a convention raffle license previously, provide your license number.

#### **All applicants:**

**Attach a copy of your IRS tax exemption status letter to this application.**

Line 21 Enter the date, the beginning time and ending time of the activity. A.M. establishes the midnight hour; P.M. establishes the noon hour.

Line 22 – 26 Provide the required facility information where the gaming activity will be held.

Line 27 Enter at least three operators who will supervise, manage and be responsible for conducting the raffle activity. All information must be supplied. Please make sure to use the individual's full legal name.

Line 28 If you answered yes that a proposed operator listed has been convicted of a felony within the last ten (10) years in any jurisdiction you must remove them, and they may not assist in any manner in your raffle. Except for arrests which have been sealed or convictions that have been expunged by a court.

### **Certification Section:**

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

### **Mail completed form and \$250 fee payment to:**

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