CG-CVN, CONVENTION RAFFLE LICENSE

State Form 56738 (6-19)
INDIANA GAMING COMMISSION

For office use only
Reviewed by:_____
Date reviewed:_____

1. Out of State Organization legal name				
2. Address of principal office *(number and street; required)*			3. P.O. Box Number *(if applicable)*	
4. City			5. State	6. ZIP Code
7. Daytime telephone number ( )	8. Extension	9. Fax number ( )	10. Organization E-mail	
11. Contact name	12. Contact daytime telephone number ( )		13. Extension	14. Contact E-mail
15. Federal Identification Number (FID)	16. License Number *(see instructions)*			
17. Attach IRS tax exemption status letter.				
18. On what date and during what hours will your activity be conducted? Date *(month, day, year)* _____ Hours _____ _____M to _____ _____M				
19. Name and address of the facility where the gaming activities will be conducted *(number and street)*				
20. City	21. State INDIANA	22. ZIP Code	23. County	

24. Please list the proposed operators who will supervise, manage and be responsible for the operation of the RAFFLE activity. *(Attach additional sheets if necessary.)*

Full Legal Name	Home Address *(number and street, city, state, and ZIP code)*	Date of Birth *(month, day, year)*	Daytime Telephone Number

25. Have any operators listed above or on any attachments been convicted of a felony with 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. ☐ Yes ☐ No

Certification: We certify under the penalties for perjury that all of the information submitted in this form is true and 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.

26. Signature of Organization President/CEO		27. Signature of Organization Secretary	
Printed Name and Title		Printed Name	
Date *(month, day, year)*	Daytime telephone number:	Date *(month, day, year)*	Daytime telephone number

Instructions

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

General Information Section

Lines 1 - 14: Provide the information required for each field.

Line 15: Enter the organization's Federal Identification Number.

Line 16: 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:

Line 17: Attach IRS tax exemption status letter.

Line 18: Enter the date, the beginning time and the ending time of the activity. A.M. establishes the midnight hour; P.M. establishes the noon hour.

Lines 19 - 23: Provide the required facility information where the gaming activity will be held.

Line 24: Enter at least three operators who will supervise, manage and be responsible for the operation of the raffle activity. All information must be supplied. Please make sure to use the individual's full legal name.

Line 25: If you answered yes that a proposed operator listed has been convicted of a felony with in the last ten 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:

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.

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