



CG-AM, ANNUAL LICENSE AMENDMENT REQUEST

State Form 57182 (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. Organizations must be in good standing with the IRS and the Indiana Department of Revenue.

1. Organization legal name		2. Doing Business As (DBA)		
3. Federal Identification Number (FID/EIN)	4a. Charity Gaming (CG) license number		4b. Charity Gaming (CG) reference number	
5. Address of principal office (number & street required)		6. City	7. State	8. ZIP Code
10. Mailing address (if different)		11. City	12. State	13. ZIP Code
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

CHANGE OF SINGLE OR FESTIVAL ACTIVITY LICENSE FACILITY

21. Name of the NEW facility where gaming activity(s) will be conducted.		22. Address of the NEW facility where gaming activity(s) will be conducted. (number and street required)		
23. City	24. State	25. ZIP Code	26. County	27. Daytime telephone number ()
28a. Is the facility listed in line 21 owned by the licensed organization?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
28b. Is the facility listed in line 21 leased/rented to the licensed organization?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
28c. Is the facility listed in line 21 donated to the licensed organization?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
29. Name of lessor/donor (full legal name)		30. Address (number and street)		
31. City	32. State	33. ZIP Code	34. Daytime telephone number ()	

CHANGE OF DATE(S) AND/OR TIMES ON SINGLE OR FESTIVAL ACTIVITY

35. Festival Activity License Changes		36. Single Activity License Changes	37. Adding NEW activity	
Date ___/___/___	Hours ___:___M to ___:___M	New Activity Date ___/___/___	<input type="checkbox"/> Bingo	<input type="checkbox"/> Guessing game
Date ___/___/___	Hours ___:___M to ___:___M	New Activity times	<input type="checkbox"/> Water race	<input type="checkbox"/> Casino game night
Date ___/___/___	Hours ___:___M to ___:___M	Hours ___:___M to ___:___M	<input type="checkbox"/> Raffle	<input type="checkbox"/> PPT
Date ___/___/___	Hours ___:___M to ___:___M		If Raffle(s) how will tickets be sold? _____	

CHANGE OF DISTRIBUTOR INFORMATION SINGLE OR FESTIVAL ACTIVITY

38. Has the licensed organization added Bingo, Wheel Games, Pull tabs, Punch boards or Tip boards to their gaming license? <input type="checkbox"/> Yes <input type="checkbox"/> No List the Indiana Licensed Distributor(s) from whom you intend to purchase licensed supplies including gaming equipment/devices.					
Name of Distributor	Address (number & street)	City	State	ZIP Code	Items

CHANGE OF VOLUNTEER TICKET AGENT INFORMATION SINGLE OR FESTIVAL ACTIVITY

39. Was Volunteer Ticket Agent information provided on the original application? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, have any Raffle tickets been sold? <input type="checkbox"/> Yes <input type="checkbox"/> No If tickets have already been sold, Volunteer Ticket Agent(s) cannot be added. If No, provide any changes to the pre-existing VTA approvals. Attach additional pages if needed.			
Name of Retail Establishment	Address of Retail Establishment (number, street, city, state, ZIP code)	Name of General Manager	General Manager telephone Number

Organization legal name	Federal Identification Number (FID/EIN)	CG license number	CG reference number
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ACTIVITY CHANGE ON ANNUAL ACTIVITY LICENSE

40. Type(s) of gaming activities (check all that apply)

- Bingo
 Casino game night
 Water race
 Guessing game
 Raffle (24/7)
 PPT (24/7)

If Raffle(s) are to be conducted, how does the organization plan on selling tickets? _____

41. Is a new activity endorsement being added? Yes No

If yes, what activity is being added? _____

42. Is an old activity endorsement being removed? Yes No

If yes, what activity is being removed? _____

43. On which days of the week and during what hours will your activities be conducted?

(Indicate bingo, casino game night, water race or guessing game as the "activity type" in the space provided.)

#1 Activity type:			#2 Activity type:			#3 Activity type:		
Day	Start time	End time	Day	Start time	End time	Day	Start time	End time
	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM		_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM		_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM

44. Adding Bingo or Casino Game Night activity to an existing Annual Activity License has statutory requirements and longer processing time.

A. A newspaper posting in the county where the gaming activities will take place.

B. A site inspection of the facility by the Indiana Gaming Commission.

CHANGE OF DISTRIBUTOR INFORMATION ANNUAL ACTIVITY LICENSE

45. Has the licensed organization added Bingo, Wheel Games, Pull tabs, Punch boards or Tip boards to their gaming license? Yes No

List the Indiana Licensed Distributor(s) from whom you intend to purchase licensed supplies including gaming equipment/devices.

Name of Distributor	Address (number & street)	City	State	ZIP code	Items

CHANGE OF FACILITY FOR ANNUAL ACTIVITY LICENSE

46. Has the facility address changed? Yes No

47. Name of the NEW facility where gaming activity(s) will be conducted?

48. Address of the NEW facility where gaming activity(s) will be conducted.
(number and street – required)

49. City	50. State	51. ZIP Code	52. County	53. Daytime telephone number ()
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54a. Is facility listed in line 47 owned by the licensed organization? Yes No

54b. Is facility listed in line 47 leased/rented to the licensed organization? **(Attach copy of lease/rental agreement.)** Yes No

54c. Is facility listed in line 47 donated to the licensed organization? **(Attach copy of written donation statement.)** Yes No

55a. Has the facility changed for an existing Bingo or Casino Game Night endorsement? (Changing a facility for Bingo or Casino Game Night activities may cause a delay in processing due to statutory requirements) Yes No

55b. Has the newspaper posting (new county) been completed? Yes No

55c. Has a site inspection of the facility been completed by the Indiana Gaming Commission? Yes No

Organization legal name	Federal Identification Number (FID/EIN)	CG license number	CG reference number
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CHANGE IN OPERATORS, WORKERS, NONMEMBER PAID BARTENDERS (ALL LICENSE TYPES)

56. List those operators/workers/bartenders to be REMOVED from license/gaming activity.

57. Do any of the proposed operators, workers, and/or bartenders listed on Schedule A, B, C or Form CG-NPA 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 Schedules A, B, C and Form CG-NPA.

OPERATOR INFORMATION

58. Schedule A, Operator List, must be attached for all gaming activities selected. This would include all member bartenders. Is Schedule A Attached? Yes No

59. Has the Principal Operator changed? Who will be the new Principal Operator from Schedule A? _____

WORKER INFORMATION

60a. Schedule B, Worker List, must be attached for all gaming activities selected.

Is Schedule B Members Attached? Yes No

Is Schedule B Employees Attached? Yes No

60b. Will the organization be using Non-Member Participants to help conduct an activity? Yes No

Is Form CG-NPA Attached? Yes No

BARTENDER INFORMATION ANNUAL LICENSE HOLDERS ONLY

61. Schedule C, paid non-member bartender list, may be attached for RAFFLE or PPT activities ONLY. Is Schedule C Attached? Yes No

Processing fee of \$25 is required when making any changes to an existing gaming license. WORKER ONLY changes do not require a processing fee, as the gaming license will not change.

Fees must be paid from the separate and segregated charity gaming checking account made payable to Indiana Gaming Commission.

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-AM, License Amendment Request Instructions

A separate CG-AM, License Amendment Request form is required for each different activity license being amended.

Organization Information Section:

Line 4 a: Enter the Organizations activity license number which is in the upper right-hand corner of the license being amended.

Line 4 b: Enter the Charity Gaming Reference number which is in the lower left-hand side of the license being amended.

CHANGES TO A SINGLE OR FESTIVAL ACTIVITY LICENSE

Change of Single or Festival Activity License Facility

Lines 21 – 27: Provide the facility name, full address, county location and daytime telephone number.

Line 28: Indicate if the new facility is owned, leased, rented, or donated to the organization for gaming purposes.

NOTE: A copy of the lease/rental agreement must be attached to the Single Activity License Financial Report when a facility rent deduction is claimed on line 24 of Form CG-SL FR.

Lines 29 - 34: Must be completed for any leased, rented, or donated facility. Provide the requested information for the owner of the property being leased, rented, or donated.

Change of Date(s) and/or Times of Single or Festival Activity

Line 35: Festival Activity License only. Change the date(s) and/or times on a Festival Activity License.

Line 36: Single Activity License only. Change the date and/or times on a Single Activity License.

Line 37: Festival or Single Activity License. Are you adding NEW activities that was previously not requested on the license application? Please indicate all activities that are new to the original license application.

Change of Distributor Information

Line 38: Has the organization changed to a new distributor? Has a new activity been added to your license that requires licensed equipment or supplies, such as bingo supplies, bingo display board, bingo blower, pull tabs, punch boards, tip boards, raffle boards, sports themed pull tabs, wheels etc.? List all the distributors information in this section along with the items listed.

Change of Volunteer Ticket Agent (VTA) Information

If Volunteer Ticket Agent(s) were not requested on the original application and raffle tickets have already been sold your organization **CANNOT** add Volunteer Ticket Agent(s) at this time.

If Volunteer Ticket Agent(s) were on your original license application or raffle tickets **have not** already been sold, then VTA's may be added to your current Single Activity or Festival Activity license for Raffle activities.

Line 39: Enter the name, address, and General Managers name and telephone number of each retail establishment being utilized. A copy of the requirements for using volunteer ticket agents (VTA) can be found on our website for further instructions.

CHANGES TO AN ANNUAL ACTIVITY LICENSE

Activity Change on an Annual Activity License

Line 41: Enter the name of the new activity being added.

NOTE: Casino Game Night activities – veterans and fraternal organizations **ONLY** may apply for this type of activity. If your organization is not a veterans or fraternal organization, the Casino Game Night option will not be processed. Except for certain Civic Organizations.

Line 42: Enter the name of any old activity no longer needed on your gaming license.

Line 43: Indicate the day of the week and the time frame the gaming activity will be conducted. The type must be entered under the specified day and time frame:

Line 44: Adding Bingo or Casino Game Night activities to an Annual Activity License will require additional steps and processing time. Statute requires a newspaper posting and on-site inspection for an annual Bingo and Casino Game Night activities that have not been conducted in the last three years or is moving to a new location.

Change of Distributor Information

Line 45: Has the organization changed to a new distributor? Has a new activity been added to your license that requires licensed equipment or supplies, such as bingo supplies, bingo display board, bingo blower, pull tabs, punch boards, tip boards, raffle boards, sports themed pull tabs, wheels etc.? List all the distributors information in this section along with the items listed.

Change of Facility for Annual Activity License

Lines 46 – 53: Has the facility address changed? If yes, provide the facility name, full address, county location and telephone number.

Line 54: Indicate if the new facility is owned, leased, rented or donated to the organization for gaming purposes.

NOTE: A copy of the lease/rental agreement or written donation statement must be attached and cover the entire license period being requested.

Line 55: If Bingo or Casino Game Night activities are being moved to a new facility has the newspaper posting and on-site inspection been completed.

CHANGES IN OPERATORS, WORKERS, NONMEMBER PAID BARTENDERS (ALL LICENSE TYPES)

Line 57: Anyone that has been convicted of a felony in the last 10 years cannot be involved with charity gaming activities. Please remove those individuals from Schedules A, B, C, and Form CG-NPA.

Line 58: Schedule A, Operator list must be completed and attached for all activities selected. List those individuals who have been a member of your organization for at least 60 days and who will supervise, manage and be responsible for the operation and conduct of the gaming event. Attach additional copies of Schedule A as needed.

Line 59: List the person from Schedule A, Operator list, who will have the overall responsibility for the operations and control of the charity gaming activity. This person will be the Principal Operator for gaming activities.

Line 60 a: There are two types of workers – member and employee. Be sure to use and attach the correct Schedule.

Schedule B – Members – list those individuals who have been a member for at least thirty (30) days and will assist in conducting gaming activities.

Schedule B – Employees – list those individuals who are full-time employees that will assist in conducting gaming activities.

Line 60 b: Non-Member workers – a licensed organization may borrow members of another qualified organization to assist in conducting charity gaming activities. Form CG-NPA must be completed by both the licensed and qualified organizations. Please attach Form CG-NPA to your application.

Line 60: Non-member Paid Bartenders must be listed on Schedule C and they may assist with conducting raffle and selling PPT, ONLY on an Annual Activity License.

NOTE: If the organization has **member** bartenders that have been members for at least 60 days those individuals should be listed on Schedule A as operators. As members these individuals will be allowed to conduct gaming activities at the facility.

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.