

**CG-QA, QUALIFICATION APPLICATION**State Form 45380 (R9 / 1-23)  
INDIANA GAMING COMMISSION**For office use only**

Reviewed by: \_\_\_\_\_

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

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

**Please allow sixty (60) 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)		4. Charity Gaming (CG) license number		
5. Address of principal office ( <i>number &amp; street required</i> )		6. City	7. State	8. ZIP Code
10. Mailing address ( <i>if different</i> )		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	
21. Date organization formed: ( <i>mm/dd/yyyy</i> )		22. Number of Members: ( <i>Must be a membership organization.</i> )		23. 501(c) status:
24. REQUIRED ATTACHMENTS: <input type="checkbox"/> A copy of the Federal Determination Letter issued by the Internal Revenue Service. <input type="checkbox"/> A copy of the Organizations By-laws. See instructions. <input type="checkbox"/> A copy of the Organizations Articles of Incorporation. See instructions.				
25. Check the box next to the organization type that best describes the organization ( <i>check only one</i> ) <input type="checkbox"/> Bona fide charitable organization <input type="checkbox"/> Bona fide civic organization <input type="checkbox"/> Bona fide veterans' organization <input type="checkbox"/> Bona fide fraternal organization <input type="checkbox"/> Bona fide political organization <input type="checkbox"/> State Educational institution (as defined in IC 21-7-13-32) <input type="checkbox"/> Hospital licensed under IC 16-21, health facility licensed under IC 16-28, or psychiatric facility licensed under IC 12-25 ( <i>Provide a copy of your current state license/certification.</i> ) A Candidate's Committee (as defined by IC 3-5-2-7) must use Form CG-CCA, Candidate Committee Application.				
26. Is your organization affiliated with a National or Indiana parent organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please answer questions 27a-27c.				
27a. National or Indiana State organization name and complete address				
27b. Parent organization Federal Identification Number (FID)				
27c. How many years has this parent organization been in active continuous existence?				

Organization legal name		Federal Identification Number (FID/EIN)		CG license number
28. Name and address of current officers as defined in your By-laws <i>(Complete additional CG-OL forms if necessary.)</i>				
Full legal name	Home address <i>(Number, street, city, state, zip code)</i>	Title	Date of term expiration	Home telephone number
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-QA, Qualification Application Instructions**

The current by-laws and articles of incorporation must be submitted with this application. You may also submit a copy of any other governing documents such as Mission Statement, Constitution, etc.. The following information must be contained in these documents:

- 1- The organizations purpose
- 2- A description of members *(how does someone become a member, membership dues etc.)*
- 3- A description of the organization’s officers *(title and duties)*
- 4- A dissolution clause

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