



CG-QA, QUALIFICATION APPLICATION

State Form 45380 (R7 /11-12)
INDIANA GAMING COMMISSION

For Official Use Only

Date Received _____

Reviewed By _____

Date Reviewed _____

Date Keyed _____

INSTRUCTIONS: Please allow one hundred twenty (120) business days for processing. Incomplete applications will be returned and processing will be delayed. (Organization must be in good standing with the Department of Revenue.)

Organization name (please type or print)

Address of principal office (number and street; required) P.O. Box Number (if applicable)

City State ZIP code County

Organization daytime telephone number Please include extension number Organization fax number
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Federal Identification Number (FID) Email address

Contact person's name and title Contact person's daytime telephone number Please include extension number
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1. Check the box next to the organization type that best describes the organization (**check only one**):

Bona fide business organization* Bona fide religious organization*
 Bona fide civic organization* Bona fide senior citizens organization*
 Bona fide educational organization* Bona fide veterans' organization*
 Bona fide fraternal organization*
 Bona fide political organization
 State educational institution (as defined in IC 21-7-13-32)
 Hospital licensed under IC 16-21, health facility licensed under IC 16-28, or psychiatric facility licensed under IC 12-25
 Provide a copy of your current state license/certification
 Candidate's committee (as defined in IC 3-5-2-7) - **[Do not use this form]**- must use form CG-CCA, Candidate Committee Application

* If the organization is a bona fide business organization, bona fide civic organization, bona fide educational organization, bona fide fraternal organization, bona fide religious organization, bona fide senior citizens organization, or a bona fide veterans' organization, then you must provide a copy of its Internal Revenue Service tax exemption status letter.

2. Date the organization was formed (mm/dd/yy): ____ / ____ / ____

3. Number of members (must be a membership organization): ____

4. Attach a copy of the organization's bylaws and/or articles of incorporation.

The following section applies only to bona fide civic organizations, bona fide educational organizations, bona fide fraternal organizations, bona fide religious organizations, bona fide senior citizens organizations, and bona fide veterans' organizations.

5. How many years has the organization been in active continuous existence in Indiana? ____
You must attach a copy of one (1) internal document or external document for the current year and one (1) for each of the prior two (2) years. The documents submitted must reflect the name of the organization obtaining qualification and clearly dated. If your organization is relying on an Indiana parent to supply one (1) or more of the required documents, then the documents submitted must reflect the parents name and clearly dated. Examples provided on the next page.

6. Is your organization affiliated with a National or Indiana State parent organization? ___ Yes ___ No
If you answered yes, please provide the following information:

a) National or Indiana State organization name and address: _____

b) Parent Federal Identification Number (FID) _____

c) How many years has this parent organization been in active continuous existence? ____

7. Name and address of current officers *(attach additional sheets if necessary)*



















Full Legal Name	Home Address <i>(number and street, city, state, ZIP code)</i>	Title	Home Telephone Number
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8. Certification

We certify under penalty of perjury that there are no misrepresentations or falsifications in the information stated. We understand that false or misleading statements will cause rejection of this application or revocation of future license(s).

_____		_____
Signature of Presiding Officer		Date <i>(month, day, year)</i>
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_____	_____	_____
Printed name	Title	Daytime telephone number
_____		_____
Signature of Secretary		Date <i>(month, day, year)</i>
		()
_____		_____
Printed name		Daytime telephone number

Examples of Internal or External Documents

- | | |
|---|---|
|  Minutes of meetings |  Account payables, including copies of dated invoices |
|  Dues receipts |  Account receivables, including copies of dated invoices |
|  Internal audit |  Utility bills |
|  Bylaws/Amended bylaws that are signed and dated |  Dated leases |
|  Articles of incorporation |  Bank statements |
|  Amended articles of incorporation |  Canceled checks |
|  Federal Form 990 and/or 990T |  Affidavits or letters of confirmation from the national or parent organization on organization letterhead |
|  Indiana Forms NP 20 |  Dated newspaper articles |
|  Descriptions and results of fund-raising activities |  Any type of dated state or local licensing permits, such as alcoholic beverage licenses and registration with the Secretary of State's Office |

Mail Completed Form To:
Indiana Gaming Commission
Charity Gaming Division
 101 W. Washington St., East Tower, Suite 1600
 Indianapolis, IN 46204
Do not send a payment with this form.