CG-FES, APPLICATION FOR FESTIVAL LICENSE State Form 45385 (R4 / 7-12) Approved by State Board of Accounts, 2012 INDIANA GAMING COMMISSION

INSTRUCTIONS: Please enclose license fee. Allow forty-five (45) business days for processing.

For Official Use Only License Fee Paid \_\_ Date Received -Reviewed By ——
Date Reviewed — Date Keyed \_

1. Organization name (p	lease type	or print)										
2. Address of principal office (number and street, city, state, and ZIP code)  P.O. Box Number (if a						Box Number (if applicable)						
Organization daytime     ( )	telephone	e number		Please inc	lude ex	extension number  4. Organization fax number					tion fax number	
5. Federal Identification	number (	FID)		•		6. Email address						
7. Contact person's name	e and title	:			Conta	ntact person's daytime telephone number Please include extension				include extension number		
City	State	ZIP cod	e	County	ı	Daytime telephone number			Office	Office business hours		
Date Hours _	On what date(s) and during what hours will your event be conducted? (A.M. establishes the midnight hour, P.M. establishes the noon hour.)  ate M to M Date Hours M to M								es the noon hour.)			
Date Hours					Date _		Hours	M t	о	M		
Date Hours M to M  9. Address of the facility where the gaming event will be conducted (number and street)												
City	State	;	ZIP	code	Сс	unty						
	FA	CILITY	//TANG	BLE PE	RSON	IAL	PROPERTY I	NFORM	/ATIO	ON		
INSTRUCTIONS: Attach additional sheets if necessary to supply all information for each line.  10. Does your organization own, lease (rent), or use a donated facility where the licensed event will be conducted? (Check one)  • If leased (rented) or donated, enter name and address of lessor or donor and attach a copy of your signed lease or donation agreement.  Name of lessor/donor (full legal name)  Address (number and street)												
City	State		ZIP code			County Daytime telephone number				number		
11. Is any tangible personal property (e.g. tables, chairs) or gaming equipment/device being leased or donated to you for this event?   If you answered Yes, list the name and address of the lessor or donor. Attach a signed copy of the lease or donation agreement.  Note: Gaming equipment/device must originate from a licensed distributor.								ent? Yes No				
Name	Address	(number a	and street)			City	City State		ZIP code			
Attach additional sheets if n	ecessary.			Distrib	utor I	nfor	rmation					
12. List the distributor(s) from whom you intend to purchase licensed supplies.												
Name Address (nu		ess (number	nber and street)			City	State	ZIF	Code	Items		
13. Does your organization own gaming equipment or devices?  Yes No If so, list the distributor name, date of purchase, purchase price, and type of equipment purchased.												
Name of Distrib	outor		Date of	of Purchase		Purchase Price Typ			Туре	pe of Equipment/Device		

Operator Information  Attach additional sheets if necessary.									
		rators who will supervise, manage, a	and be responsibl	e for	r the operation	and conduct	t of the	gaming event.	
Full Legal Name	(numl	Home Address ber and street, city, state, ZIP code)	Driver's License State I.D.	e or	Date of Birth (month, day, year)	Daytime Tel Numbe	~	Date joined Organization (month, day, year)	Check all appropriate boxes
						( )			Bartender  Member
						( )			Bartender  Member
						( )			Bartender  Member
15. Please list the name from	above	of the <b>principal operator</b> who has	overall responsil	bility	y for the opera	tion and con	trol of tl	Lhis charity gan	ning event.
		<b>X</b> Name				aytime telep	hone nu	ımber	
Worker Information									
Attach additional sheets if necessary.									
	ding o	perator information above) who wi							
Full Legal Name	(num	Home Address sher and street, city, state, ZIP code	Driver's License State I.D.	e or	Date of Birth (month, day, year)	Daytime Tel Numbe		Date joined Organization (month, day, year)	Check all appropriate boxes
						( )			Bartender  Employee  Member
						( )			Bartender  Employee  Member
						( )			Bartender  Employee  Member
						( )			Bartender  Employee  Member
17. Have any operators/workers listed on lines 14 and 16, or on any additional sheets been convicted of a felony within the last ten (10) years in any jurisdiction?   Yes No If you answered Yes, attach a list including each name, type and date of conviction, and jurisdiction/court.									
Volunteer Ticket Agent Information									
Attach additional sheets if ne		y. lunteer Ticket Agents ("VTA") to se	ll tickets for the 6	even	it? Yes	☐ No			
If yes, please provide the	name	, address, telephone, and name of th	e General Manag		_	_	whose		
employees will serve as volunteer ticket agents. A VTA may only sell tickets.  Name of Retail Establishment Address of Retail Establishment Name of the General Telephone Number of the General						C. 1			
Name of Retail Establishment		Address of Retail Establishment (number and street, city, state, ZIP code)		Manager		Telephone Number of the General Manager			
							( )	,	
							( )	)	
							(		

Gross Retail Sales Information  Please see attachment #1 on page 3.							
19. Will you conduct any type of retail sales during th *If "Yes" complete the following information. If the				Yes* No the box provided.			
Name of organization offering the sales		Retail Merchant Certificate N	lumber				
20. Which of the following will your organization be	receiving? (Check one)						
All of the retail sales incomeA flat fee retail sales payment							
A percentage of the retail sales incomeOther (explain)							
Additional Activities Authorized							
21. Will your organization sell pull tabs, punch Will your organization conduct a door prize (Limitation on door prize drawings at all even Will your organization conduct dice, card, will your organization conduct a raffle draw Will your organization conduct bingo at this Will your organization conduct a water race Will your organization conduct a guessing with special permission, you may increase Check this box if you wish to incompose the property of the p	e drawing at this event? vents is \$5,000 and cannot or wheel games at this event? we at this event? e at this event? game at this event? the total prize payout for rease the bingo payout for Please indicate the day	Yes  ot be increased.)  yent?  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Ye					
	Financial I	nformation					
22. Where will the charity gaming financial records be maintained?							
Address (number and street)							
City	State		ZIP code				
23. Name, address, and telephone number of the pers	on maintaining these rec	ords.					
Name							
Address (number and street)							
City	State	ZIP code	Day (	time telephone number			
24. List the organization's separate and segregated Name of bank	charity gaming checki	ng account information.					
Address (number and street)							
City	State	ZIP code					
Name of separate and segregated Charity Gaming checking account  Account number							

License Fee Information								
25. The license fee for your first Festival License is \$50.00. All subsequent license fees will be based on the adjusted gross receipts from the <b>last event of the same type</b> . You will find this license fee amount on page 3 item #4 of the Indiana Charity Gaming Single Event Financial Report, Form CG-9. The fee should be paid by check drawn from your <b>separate and segregated Charity Gaming checking account.</b> Make your check payable to: <b>Indiana Gaming Commission.</b> Do not send cash.								
Notice: Have you held a Festival License within the last three (3) years?  Yes No If yes, your license fee is based on the gross receipts of your last Festival event. If no, your initial license fee is \$50.00.								
		Certificati	on					
26. We certify under penalty of perjury that there are no misrepresentations or falsifications in the information stated. We understand false or misleading statements will cause rejection of this application or revocation of future license(s).								
Signature of Presiding Officer	Print name	Title	Daytime telephone number	Date (month, day, year)				
Signature of Secretary	Print name		Daytime telephone number	Date (month, day, year)				
	In	diana Gaming C Charity Gaming	st Tower, Suite 1600 N 46204					