TATE OF THE STATE OF THE STATE

CG-DP, APPLICATION FOR DOOR PRIZE LICENSE

State Form 45386 (R4 / 6-14) Approved by State Board of Accounts, 2014 INDIANA GAMING COMMISSION

For Official Use Only License Fee Paid Date Received Reviewed By Date Reviewed Date Keyed

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INSTRUCTIONS: Please el	nclose	e license fee. A	Allow forty-	five (45) bus	siness	days i	for processing.						
1. Organization name (p	olease	type or print)											
2. Address of principal of	office	(number and s	treet, city, s	state, and ZI	P code	?)					P.O. I	Box Number (if applicable)	
Organization daytime telephone number				Please inclu	Please include extension number					4. Orga	4. Organization fax number		
5. Federal Identification number (FID) 6. Email address													
7. Contact person's nam	Contact person's daytime telephone number						per Pl	lease i	include extension number				
8. On what date and dur	ring w	hat hours will	vour event	be conducte	d? (A.I	M. est	ablishes the midni	ght ho	ur, P.1	M. establis	shes th	he noon hour.)	
Date Hou								0				,	
9. Address of the facility	y whe	re the gaming e	event will b	e conducted	(numb	ber an	d street)						
City		State			ZIP code County								
		FACILITY	//TANGI	BLE PER	RSON	NAL :	PROPERTY I	NFO	RM	ATION			
Attach additional sheets if	neces	ssary to supply	all informa	tion for each	line.								
10. Does your organization own, lease (rent), or use a donated facility where the licensed event will be conducted? (<i>Check one</i>) • 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	e	County			Daytime telephone number ()							
11. Is any tangible personal property (e.g. tables, chairs, etc.) or gaming equipment/device being leased or donated to you for this event? Yes No 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.													
Name Address (number and street)			· iiooiiooa aii	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Stat	te		ZIP code		
Distributor Information Attach additional sheets if necessary.													
12. List the distributor f	rom v	vhom you inter	nd to purch	ase licensed	suppli	es.							
Name		Address				City S		Sta	te	ZIP Co	de	Items	
13. Does your organizat If so, list the distributo			~				uipment purchase	_ 					
Name of Distributor			Date of Pu	of Purchase (month, day, yea			Purchase Price			Тур	Equipment/Device		

Operator Information Attach additional sheets if necessary.											
14 Please list at least (3) one	rators	who will supervise, manage, and be	responsible for	the c	oneration and	conduct of th	ne gamir	ng event			
	141013		_		_			1	Chaolt all		
Full Legal Name	(num	Home Address ber and street, city, state, ZIP code)	Driver's Licens State I.D.	e or	(month, day, year)	Numb		Organization (month, day, year)	Check all appropriate boxes		
						()			Bartender Member		
						()			Bartender Member		
						()			Bartender Member		
15. Please list the name from	above	e of the principal operator who has $old X$	overall responsi	ibilit	y for the opera	ation and cor	itrol of t	his charity gar	ning event.		
		Name			Daytime telephone number						
Attach additional sheets if ne	ecessa		er Informa	tion	ı						
16. List all individuals (exclu	ding o	operator information above) who wi	ll assist and wor	k in	the operation	of the license	ed event				
					- 2-14	ı					
Full Legal Name	(num	Home Address aber and street, city, state, ZIP code	Driver's Licens State I.D.	se or	Date of Birth (month, day, year)	Daytime Tel Numb	_	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? (except for arrests which have been sealed or convictions which have been expunged by a court) 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 necessary.											
		lunteer Ticket Agents ("VTA") to se	ll tickets for the	even	it? Yes	No No					
		e, address, telephone, and name of the eer ticket agents. A VTA may only s		ger o	of each retail e	stablishment	whose				
Name of Retail Establishr	nent	Address of Retail Establish (number and street, city, state,]	Name of the C Manager		Teleph	one Number o Manage			
							())			
							())			

Gross Retail Sales Information								
19. Will you be conducting any type of retail sales de *If "Yes" complete the following information. If the								
Name of organization offering the sales		Retail Merchant Certificate Number						
20. Which of the following will your organization be	receiving? (Check one)							
All of the retail sales income	A flat fee ret	A flat fee retail sales payment						
A percentage of the retail sales incomeOther (explain)								
	Additional Acti	vities Authorize	ed					
21. Will your organization sell pull tabs, punchboards, and/or tip boards?YesNo Will your organization conduct a raffle drawing at this event?YesNo (The prize limitation on the raffle drawings when held at a door prize event is \$5,000. With special permission from the Commission, this prize limitation may be increased up to \$25,000 one time per year.) Check this box if you wish to increase the total raffle prize for this door prize event from \$5,000 up to \$25,000. Note: You may increase your raffle prize payout at any allowable event once per year. (The prize limitation on door prize drawings at all events is \$5,000. With special permission from the Commission, this prize limitation may be increased up to \$20,000 one time per year.) Check this box if you wish to increase the total door prize for this door prize event from \$5,000 up to \$20,000. Note: You may increase your door prize payout once per year.								
	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 person maintaining these records.								
Name								
Address (number and street)								
City	State		ZIP code		Daytime telephone number			
24. List the organization's separate and segregated charity gaming checking account information.								
Name of bank								
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 Door Prize License is \$50.00. All subsequent license fees will be based on the adjusted gross receipts from the last event of the same type . 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 separate and segregated Charity Gaming checking account. Make your check payable to: Indiana Gaming Commission. Do not send cash.								
Notice: Have you held a Door Prize License within the last three (3) years? Yes No If yes, your license fee is based on the gross receipts of your last Door Prize event. If no, your initial license fee is \$50.00.								

Certification								
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)				
	Send this I	application andiana Gamir Charity Gam ashington St., Indianapoli Telephone:	and appropriate fee to: ag Commission ling Division East Tower, Suite 1600 s, IN 46204 (317) 232-4646					