

LIST YOUR ENTITY NAME HERE →

SECTION C: OWNERS AND OFFICERS Attach additional sheet if necessary.

14. List all Key Persons (owners, officers, directors, partners, and persons in management, etc.) and other entities involved with this applicant. (Include the officers of any business entity that is whole/part owner of this applicant and attach a business organizational chart if any).

Legal Name <i>(first, middle initial, last, suffixes)</i>	Title	Office Telephone	Percentage of Ownership
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HOME Physical Address <i>(number and street, city, state, ZIP code)</i>	Date of Birth <i>(month, day, year)</i>	Driver's License Number
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Is this person affiliated with another entity that is licensed as an Indiana Licensed Manufacturer or Distributor? YES NO
 If yes, list the affiliation and capacity _____

Is this person actively engaged in the marketing of "Licensed Supplies" in Indiana? YES NO

Is this person a member of any Indiana Qualified NFP organization? YES NO

If yes, is this person active in their organization's charity gaming activities in manner? YES NO

If yes to either question above, provide each organization's name, full address, and the person's gaming function below.

Organization Name	Organization Address	Gaming Function

Legal Name <i>(first, middle initial, last, suffixes)</i>	Title	Office Telephone	Percentage of Ownership
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SECTION D: EMPLOYEES Attach additional sheet if necessary.

15. Do you have any employees actively engaged in the marketing of "Licensed Supplies" in Indiana? YES NO
 If yes, List all key person(s) (employees, managers, clerical staff, etc.) below.

Legal Name (first, middle initial, last, suffixes)	Title (sales, manager, clerk, etc.)	Date Hired (month, day, year)	Daytime Telephone
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Home Address (number and street, city, state, ZIP code)	Date of Birth (month, day, year)	Driver's License Number
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Is this person a member of any Indiana Qualified NFP organization? YES NO
 If yes, to the question above, is this person active in their organization's gaming activities in manner? YES NO
 If yes to either question above, provide each organization's name, full address, and the person's gaming function below.

Organization Name	Organization Address	Gaming Function

Legal Name (first, middle initial, last, suffixes)	Title (sales, manager, clerk, etc.)	Date Hired (month, day, year)	Daytime Telephone
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Home Address (number and street, city, state, ZIP code)	Date of Birth (month, day, year)	Driver's License Number
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Organization Name	Organization Address	Gaming Function

Legal Name (first, middle initial, last, suffixes)	Title (sales, manager, clerk, etc.)	Date Hired (month, day, year)	Daytime Telephone
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Home Address (number and street, city, state, ZIP code)	Date of Birth (month, day, year)	Driver's License Number
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Organization Name	Organization Address	Gaming Function

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Organization Name	Organization Address	Gaming Function

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SECTION E: LICENSING AND SUPPLIES

16. Do you have any other additional locations (offices, sales, warehouse, etc.) YES NO If yes, list each one below?

Facility Name	Facility Full Address <i>(number and street, city, state, ZIP code)</i>	Facility Telephone	Facility Function

17. Does your entity hold any valid gaming related license in any other state or territory other than Indiana?
 YES NO *If yes, attach copies of those licenses.*

List States/Territories here: _____

18. In the past five (5) years, has your entity had any gaming related license suspended, revoked, or voluntarily forfeited, for any reason in any state? YES NO If yes, provide the information listed below.

State	License Type	License Action Taken	Date of License Action Taken <i>(month, day, year)</i>

19. List the types of gaming "Licensed Supplies" you offer / sell / lease.

Supplies: _____

In addition:

Do you offer/sell/lease an Electronic 50/50 Raffle System? YES NO

If yes to the question above, you must attach your full current GLI Certification based on our IGC requirements.

Do you offer/sell/lease bingo cards/paper for the visually impaired? YES NO

20. **DISTRIBUTORS ONLY:** List the Manufacturers and/or other Distributors that you purchase "Licensed Supplies" from.

Did you receive any equipment/devices from an Indiana Qualified Non-Profit Organization? (IC:4-32.3-5-21) YES NO
If yes, attach supporting documentation.

SECTION F: CERTIFICATION

21. Certification: I will comply with all the provisions of the Indiana Charity Gaming statute and administrative rule. I declare under the penalties of perjury that this is to the best of my knowledge and belief a true, correct, and complete application.

X _____
President's/Owner's Signature Print Name Date (month, day, year)

Mail completed application, attachments, and fee payment to:
Indiana Gaming Commission / Charity Gaming Division
101 West Washington Street, East Tower, Suite 1600
Indianapolis, Indiana 46204

SECTION G: INSTRUCTIONS

If you are attaching supporting documentation, mark the corresponding line as "See Attached"

We advise you to review IC 4-32.3 and 68 IAC 21 in their entirety. You can find IC 4-32.3 & 68 IAC on our website at www.in.gov/igc.

ALL APPLICANTS: A "Key Person" means any: officer, director, executive, employee, trustee, substantial owner, independent owner, agent or any other individual adopted in rules under IC 4-22-2; of a business entity that has the power to exercise management or operating authority over the business entity or its affiliates.

Line 10: **Tax Documents:** Check mark which Indiana Department of Revenue registration you have. If you do not have any of the documents listed, then you must obtain one from the IDOR; see instructions below.

- If the Indiana Department of Revenue determines that your entity is required to hold an "Indiana Registered Retail Merchant Certificate" and/or a "Use Tax Certificate"; you must first obtain that certificate and attach a copy of it to this application. Contact the Sales Tax Division at 317-232-2240.
- If the Indiana Department of Revenue determines that your entity is NOT required to hold an "Indiana Registered Retail Merchant Certificate" and/or a "Use Tax Certificate"; we require that you obtain a "Tax Advisory" letter from the legal division stating the determination they have made and attach a copy. Contact the Legal Division at 317-232-2100.

Lines 11-13: Provide information for each person that you want us to contact directly for Entity Business/Employee Changes; Licensing and Quarterly Reporting.

Line 14. **KEY PERSONS:** List all Key Persons or entities that are involved with the entity named in this application.

- If employed in a managerial position with this business, list the manager.
- If a sole proprietorship, list the owner
- If a partnership, list each partner
- If a limited liability company, list each member
- If a corporation, list each officer, and each person or entity holding five percent (5%) or more of the debt or equity of corporation.
- If any entity holding 5% or more of the debt or equity of the corporation is a partnership, limited liability company or corporation, list each partner of such partnership, each member of such LLC, or each officer of such Corp and every person or entity holding 5% or more of the debt or equity of any such partnership or corporation

Line 15: **KEY PERSONS:** List all Key Person(s), Sales and clerical staff, that are actively engaged in the marketing of "licensed supply".

Line 16: **ADDITIONAL LOCATIONS:** List all additional locations and functions (office, warehouse, sales, etc) where your entity stores or manufactures licensed supplies at.

Line 17: **OTHER STATE LICENSING:** List all other States/Territories that you hold a valid gaming license in; provide the State, license number, period of time; attach copies of the other state licenses.

Line 18: **SUSPENSION, REVOCATION, FORFEITED:** List the State and License information for any gaming related license that was suspended, revoked or voluntarily forfeited and the reason for that action.

Line 19: **"LICENSED SUPPLIES":** List each type of "licensed supplies" your entity manufactures and/or distributes.

In addition, if you offer/sell/lease an Electronic 50/50 Raffle System, you must attach a current copy of your full GLI Certification that is based on Indiana Gaming Commission requirements.

Line 20: **DISTRIBUTORS ONLY:**

- List the Indiana licensed Manufacturers and/or Distributors that you purchased "licensed supplies" from.
- Did you receive any equipment/devices directly from an Indiana Qualified Non-Profit Organization? Mark your answer on the form and if yes, attach supporting documentation (IC:4-32.3-5-21).

Line 21. **CERTIFICATION:** The President and/or Owner of the Entity must sign and date the application.

SECTION H: PREREQUISITES and FAQ INFORMATION

Please be aware, this sheet is meant to be partial information, we advise you to review IC 4-32.3 and 68 IAC 21 in their entirety. You can find IC 4-32.3 & 68 IAC on our website at www.in.gov/igc

If your entity wants to manufacture **and** distribute "licensed supplies" then you must apply for and hold both license types.

Please be aware, if a Gaming Card License is issued to your entity, the license(s) are NOT TRANSFERABLE and is VOID if altered.

MANUFACTURERS: If your entity is a Manufacturer of Bingo Paper and/or Pull Tabs, your products must meet certain specifications according to the "NAGRA Standards for Bingo" and/or "NAGRA Standards of Pull Tabs". Information can be found on their website at www.nagra.org.

ALL APPLICANTS: All entities must be registered with the Internal Revenue Service (1-800-829-4933) and hold a valid Employer Identification Number (EIN) prior to applying for a license; *unless you meet an exception determined by the IRS. If so, you must attach supporting documentation.*

All entities must contact the Indiana Department of Revenue Sales Tax Division (317-232-2240) to inquire about any requirements your company may have in regard to holding an "Indiana Registered Retail Merchant Certificate" and/or a "Use Tax Certificate".

- If the Indiana Department of Revenue determines that your entity is required to hold an "Indiana Registered Retail Merchant Certificate" and/or a "Use Tax Certificate"; you must first obtain that certificate and attach a copy of it to this application.
- If the Indiana Department of Revenue determines that your entity is NOT required to hold an "Indiana Registered Retail Merchant Certificate" and/or a "Use Tax Certificate"; we require that you obtain a "Tax Advisory" letter from the legal division (317-232-2100) stating the determination, they have made and attach a copy.

DISTRIBUTORS: Pursuant to IC 4-32.3-10; a Gaming Excise Tax is imposed on the distribution of pull tabs, punchboards, and tip boards (PPTs) in the amount of ten percent (10%) of the wholesale price. The licensed Distributor supplying the PPTs are liable for the Gaming Card Excise Tax. This tax is imposed at the time the entity brings or causes the PPTs to be brought into Indiana for distribution and/or transports PPTs to qualified organizations in Indiana for resale. *Contact the Indiana Department of Revenue, Gaming Excise Tax Division (317-615-2544) for more information regarding this tax, the GCE-103 voucher form and due dates.*

ALL APPLICANTS:

A "Key Person" means any: officer, director, executive, employee, trustee, substantial owner, independent owner, agent, or any other individual adopted in rules under IC 4-22-2; of a business entity that has the power to exercise management or operating authority over the business entity or its affiliates.

CHANGE OF OWNERSHIP: Attach supporting documentation.

If you choose to close your business:

- you must notify the Commission in writing listing the date of closure.
- you must list where the gaming records and any remaining "licensed supplies" will be kept along with a contact person's name and information.
- If any of your "licensed supplies" were sold to another entity, you will need to provide the entity's name, address, contact person and a basic list of what "licensed supplies" were sold to them and the dates.
- If any of your "licensed supplies" need to be/will be destroyed, you must notify us with the information listed in IC 4-32.3.

If you choose to transfer the business to another person(s) or entity via a Will or other legal documentation:

- you must notify the Commission in writing by providing the date of transfer, the name of the other person/entity along with their contact information.

If you choose to sell your business:

- you must notify the Commission in writing by utilizing the "*Manufacturers/Distributors Change of Ownership Notification Form*" on our website. Note: because the Gaming Card License(s) is NOT TRANSFERABLE, the new owner of your business must apply for their own license if they do not have one already.

RESTRICTIONS:

An employee, officer, or owner of a manufacturer or distributor is prohibited from participating in or affiliating in any way with the charity gaming operations of a qualified organization that an employee, officer, or owner is a member.

A manufacturer, distributor, or an officer or employee of a manufacturer or distributor is prohibited from being an Operator and/or Worker at any allowable event.

QUARTERLY FILING AND MAINTAINING SPECIFIC RECORDS

A manufacturer or distributor of a licensed supply to be used in charity gaming in Indiana must file a quarterly report listing the manufacturer's or distributor's sales of the licensed supply, along with other details.

- **ALL APPLICANTS:** Quarterly Periods are assigned based on the licensed period we assign to your entity at the time of your first license.
- **DISTRIBUTORS:** A licensed distributor that sells any "licensed supply" with a prize value (\$599.00 and over) that would require the qualified organization to report a patron's gambling winnings to either the IRS or Indiana Department of Revenue for income tax purposes must submit notice of the sale in quarterly report to the Commission.
- **ALL APPLICANTS:** As a manufacturer or distributor, you must keep specific records. These records must be kept until the later of six (6) years or the end of an audit if such records are under audit; review 68 IAC 21 for the requirements for Sales Invoices, All Invoices, Sales Journals and Other Records.