



# CG-EN, EXEMPT ACTIVITY NOTIFICATION

State Form 51413 (R7 / 10-22)  
INDIANA GAMING COMMISSION

For office use only

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

Date reviewed: \_\_\_\_\_

Date completed: \_\_\_\_\_

Please allow 14 business days for processing. Incomplete forms 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 (number & street required)	6. City	7. State	8. ZIP Code	9. County
10. Mailing address (if different)	11. City	12. State	13. ZIP Code	14. County
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. Has your organization completed the qualification process with our division? <input type="checkbox"/> Yes <input type="checkbox"/> No	22. 501(c) status:	23. Attach a copy of your 501(c) status letter to verify the status listed in box 22.		
24. Select the type of Exempt Activity <input type="checkbox"/> Bingo <input type="checkbox"/> Casino Game Night <input type="checkbox"/> Water Race <input type="checkbox"/> Guessing Game <input type="checkbox"/> Raffle <input type="checkbox"/> PPT   OR <input type="checkbox"/> Festival				
25. On what date and during what hours will your activity be conducted? (If multiple dates and facility locations attach additional sheet)				
25 (a). Date (mm/dd/yyyy)	25 (b). Hours (hh:mm) _____ <input type="checkbox"/> AM <input type="checkbox"/> PM   -to-   _____ <input type="checkbox"/> AM <input type="checkbox"/> PM			
26. Name and address of the facility where the gaming activities will be conducted (number and street)				
27. City	28. State	29. ZIP Code	30. County	
31. List at least three (3) operators who will supervise, manage and be responsible for the operation of the gaming activity.				
Full legal name		Full legal name		Full legal name
32. List the name from above of the principal operator who has overall responsibility for the operation and control of this charity gaming activity : _____				
33. What is the total retail value of all prizes to be awarded at this exempt (EN) activity listed above? (Not to exceed \$2,500 – see instructions.) \$ _____		34. Enter the total retail value of all prizes awarded so far at ALL previously held exempt (EN) gaming activities within the same calendar year? \$ _____		
35. Does your organization own or intend to purchase "licensed supplies" (bingo paper, pull tabs, tip boards, punch boards, etc.) or gaming equipment (bingo blowers, wheels, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No		36. If yes, name of distributor(s)		
<i>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.</i>				
Signature of Presiding Officer		Signature of Secretary		
Printed name of Presiding Officer	Title	Printed name of Secretary		
Date (month, day, year)	Daytime telephone number ( )	Date (month, day, year)	Daytime telephone number ( )	
FOR INDIANA GAMING COMMISSION USE ONLY				
Signature of Charity Gaming Program Coordinator		Date (month, day, year)		<b>NOTIFICATION ON FILE</b>

## **CG-EN, Exempt Activity Notification Instructions**

If information cannot be verified, the Commission may request supporting documentation. Incomplete applications will not be processed.

### **Lines 1 through 20**

Enter information regarding the organization. Provide the organization's representative who will be able to answer questions regarding this application as communication with the Charity Gaming Division will be via telephone and email with the contact person listed on line 18.

### **Lines 21 through 23**

Provide the organization's nonprofit exempt status as approved by the Internal Revenue Service. For example, 501(c) 3 or 501(c) 4.

### **Lines 24 through 32**

Indicate the type of gaming activity being conducted (bingo, raffle, festival, etc.). List three (3) individuals full legal name who will volunteer as operators for the activity. Operators will supervise, manage and be responsible for the operation of the gaming activity. Only the members as defined in the organization's by-laws or articles of incorporation may volunteer to conduct or assist in conducting your charity gaming activities.

### **Line 33 through 34**

Prize payouts for an exempt activity is limited to \$2,500 per calendar day (box 33) or \$7,500 for a calendar year (box 34). Payouts include all cash and/or merchandise, even if donated. The organization must track and keep all financial records from each exempt activity.

### **Lines 35 through 36**

All licensed supplies (bingo paper, bingo blowers, display boards, etc.), equipment and devices must be purchased from a distributor licensed with the Charity Gaming Division. You can find a list of licensed distributors on our website at [www.in.gov/gaming](http://www.in.gov/gaming), click on Charity Gaming at the left of the page.