

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

INSTRUCTIONS: Amendments to an Annual or Single Event must be requested thirty (30) days before the date of the event.						
SECTION 1 Information - Must be completed. Please	e submit this	first	page along with all sections y	you have	e completed.	
1. Organization name (please type or print)						
2. Address of principal office (number and street, city, state, and ZIP code) P.O. Box Number (if applied)						
3. Organization daytime telephone number Please	Please include extension number			4. Organization fax number		
5. Federal Identification number (FID)			6. Email address			
7. Contact person's name and title	Contact person's daytime telephone number Please include exter			Please include extension number		
License type you are amending		Lice	nse number you are amending			

A separate CG-AM, License Amendment Request form is required for each license being amended.

- The information requirements on amendment request(s) is the same as that which is requested on the original application. Be sure all information is included. Please mail the amendment form and fee (if required) to the Indiana Gaming Commission, Charity Gaming Division, 101 W. Washington Street, East Tower, Suite 1600, Indianapolis, Indiana 46204.
- 2) An individual can be an operator for up to three (3) organizations at one time if; they meet the one (1) year membership requirement at each organization.
- 3) Any requested amendment to an organization's license must be signed by the presiding officer and secretary.
 - The officer must be on the most recent "Current Officer Listing", Form CG-CO we have on file. If the current officers have changed, especially after the original license was issued, please submit an updated CG-CO with this request.
- 4) If the event facility address has changed, a copy of the new signed lease or donation statement showing the new address must be included with the request. In the case of a new facility being purchased, a copy of the signed purchase agreement must be included. If the event facility is being changed for an Annual Charity Game Night License or Annual Bingo License, the organization is required to post public notice. Please contact the Charity Gaming Division for instructions.
- 5) Please type, print legibly or utilize the online fillable form. Be sure all completed pages have the presiding officer and secretary's signature and are dated.
- 6) Include your \$25.00 processing fee with Form CG-AM if the license is being amended to add or delete operators, add or delete Volunteer Ticket Agents (VTAs), change day, date, time or location of event. The form will not be processed without the appropriate fee.

To add or delete workers only does not require a fee.

OPERATOR & WORKER INFORMATION

SECTION 2

Attach additional copies if needed.

Amendment should be requested thirty (30) days before the date of the event.

Reminders: Operato	The organization may not ors must have been a member of the organizatio				for at least thirt	y (30) days.
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List below: OPER	ATORS to be ADDED to License:	License number				
Full Legal Name	Home Address (number and street, city, state, ZIP code)		Date of Birth (month, day, year)	Daytime Telephone Number	Date Joined Organization (month, day, year)	Check all appropriate boxes
				()		Bartender Member
				()		Bartender Member
				()		Bartender Member
List below: WORI	KERS to be ADDED to License: The orga	nnization may not ut	tilize new wor	kers until approval	is received.	
Full Legal Name	Home Address (number and street, city, state, ZIP code)	Driver's License or State I.D.	Date of Birth (month, day, year)	Daytime Telephone Number	Date Joined Organization (month, day, year)	Check all appropriate boxes
				()		Bartender Employee Member
				()		Bartender Employee Member
				()		Bartender Employee Member
	orkers listed been convicted of a felony v ch a list including each name, date and t				Yes 1	No
Please list the Operators a	and/or Workers you wish to have REMO	VED from your curre	ent licensed ev	ent.		
Current License number						
1)		3)				
2)		4)				
Signature of Presiding Offic	cer Print name Ti	tle	Daytin	ne telephone numbe	T Date (m	onth, day, year)
Signature of Secretary	Print name	Daytin	ne telephone n	umber	Date (me	onth, day, year)

SECTION 3

"EVENT CHANGES" Request Form

Amendment should be requested thirty (30) days before the date of the event.

Please answer each question below and then complete the specific changes needed. Has the event facility address changed: ☐ Yes ☐ No ☐ Yes Has the event date changed: ☐ No Has the event playing time(s) changed: ☐ Yes ☐ No ADDRESS CHANGES Previous event address (number and street) City State ZIP code If the event facility address has changed, but is still leased or donated, a copy of the new signed lease or donation statement showing the new address must accompany this request. If the new event facility was purchased, a copy of the signed purchase agreement must be sent. New/current event address (number and street) City State ZIP code **DATE AND/OR TIME CHANGES Single Event Date & Time Changes** Change event date FROM: (old date) Change event **date** TO: (new date) Previous event <u>time</u> from: Beginning time Ending time _____ Ending time___ New event <u>time</u> to: Beginning time____ (Please specify AM or PM - AM establishes the midnight hour and PM establishes the noon hour) **Annual License** Date & Time Changes ADD/NEW: List week day and/or playing times REMOVE/OLD: List week day and/or playing times Sun Sun Mon Mon Tues Tues Wed Wed Thur Thur Fri Fri Sat Sat Current License number: **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)

Volunteer Ticket Agent Information SECTION 4

Attach additional copies if needed.

Amendment should be requested thirty (30) days before the date of the event.

If, a qualified organization wishes to amend their single event door prize, festival, guessing game, raffle, or water race license to allow Volunteer Ticket Agents (VTAs) to sell tickets, the following criteria must be met. All tickets must be purchased from a licensed distributor and contain the name of the qualified organization, date of the allowable event, and the valid gaming license number for the event. All tickets sold when using the volunteer ticket agent option must be numbered sequentially.

If tickets have been sold by the qualified organization and they were not purchased from a licensed distributor and contain all of the required information, a license <u>may not</u> be amended to include a VTA.

You must provide the name, address, telephone number, and name of the General Manager of each retail establishment whose employees will serve as a Volunteer Ticket Agent. Please see "Rules for Using a Volunteer Ticket Agent (VTA)" on the charity gaming website.

Volunteer Ticket Agen	ts to be ADDED to licens	License number			
		Name of the General Manager	Telepho	one Number of the General Manager	
			()		
			()		
			()		
			()		
			()		
teer Ticket Agents to be	REMOVED from your l	icensed event: Lic	ense number		
		3)			
		40			
	<u> </u>	4)			
_				Date (month, day, year)	
Print name	Title	Daytime telepho	Daytime telephone number		
ignature of Secretary Print name Daytime telephone number			Date (month, day, year)		
	Address of Ret (number and street) Iteer Ticket Agents to be Print name	Address of Retail Establishment (number and street, city, state, ZIP code) Interest Ticket Agents to be REMOVED from your lands and street agents to be remainded to the result of the	Address of Retail Establishment (number and street, city, state, ZIP code) Name of the General Manager Name of the General Manager	Address of Retail Establishment (number and street, city, state, ZIP code) Name of the General Manager () () () () () () () () () (