CG-LSDS, LICENSED SUPPLY DONATION STATEMENT

State Form 53657 (R / 6-11)

INDIANA GAMING COMMISSION

INSTRUCTIONS: Donation statement must be submitted with the license application.

Name of organization holding the licensed event (*As it appears on their CG-QA, Qualification Application*)

Address of principal office (*number and street, city, state, and ZIP code*)	P.O. Box Number (*if applicable*)

Organization daytime telephone number ( )	Please include extension number	Organization fax number

Federal Identification number (FID)	Email address

Contact person's name and title	Contact person's daytime telephone number	Please include extension number

Type of allowable event	Event date (*month, day, year*)	License number (if approved)

Address of facility where the event will be conducted (*number and street, city, state, and ZIP code*)

Signature of Presiding Officer (*officer of organization holding event*)	Print name and title	Date (*month, day, year*)
Signature of Secretary	Print name	Date (*month, day, year*)

Name of organization providing equipment / devices for this event (*please type or print*)

Address of principal office (*number and street, city, state, and ZIP code*)	P.O. Box Number (*if applicable*)

Organization daytime telephone number ( )	Please include extension number	4. Organization fax number

Federal Identification number (FID)	6. Email address

Contact person's name and title	Contact person's daytime telephone number	Please include extension number

Type of equipment/devices

Name of distributor / manufacturer purchased from	Grandfathered IGC number

Signature of Presiding Officer (*officer of donating organization*)	Print name and title	Date (*month, day, year*)
Signature of Secretary	Print name	Date (*month, day, year*)

Upon request, the organization supplying the licensed supply may be required to submit a copy of the sales invoice or other proof of purchase.