

**CG-CCA, CANDIDATE'S COMMITTEE APPLICATION**

State Form 53655 (R3 / 7-12)

Approved by State Board of Accounts, 2012

INDIANA GAMING COMMISSION

For Official Use Only

License Fee Paid _____

Date Received _____

Reviewed By _____

Date Reviewed _____

Date Keyed _____

INSTRUCTIONS: If the application is incomplete, it may be returned and processing will be delayed. Attach additional sheets if necessary. Allow forty five (45) business days for processing.

| | | | |
|--|---------------|---|---------------------------------|
| 1. Name of candidate (<i>please type or print</i>) | | 2. Daytime telephone number () | |
| 3. Address of candidate (<i>number and street; required</i>) | | 4. P.O. Box Number (<i>if applicable</i>) | |
| City | State | ZIP code | County |
| Contact name | Email address | Contact's daytime telephone number () | Please include extension number |

5. Attach a copy of the candidate's Form CFA-1 filed with the Secretary of State's Election Division

6. Number of active members. _____

7. On what date and during what hours will your event be conducted? (*A.M. establishes the midnight hour, P.M. establishes the noon hour.*) (An allowable event must begin and end within a period of twenty-four (24) consecutive hours.) Date _____ Hours _____ M to _____ M7a. Will you be conducting a door prize drawing at this event? ☐ Yes ☐ No8. Address of the facility where the event will be conducted (*number and street*)

| | | | | |
|------|-------|----------|--------|---------------------------------|
| City | State | ZIP code | County | Daytime telephone number () |
|------|-------|----------|--------|---------------------------------|

9. Total value of all prizes to be awarded: \$ _____

Own/Lease/Donation Information10. Does your organization own _____, lease (rent) _____, or use a donated _____ facility where the licensed event will be conducted? (*Check one*)
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 (<i>full legal name</i>) | | | Address (<i>number and street</i>) | |
| City | State | ZIP code | County | Daytime telephone number () |

Operator Information

11. Please list three (3) or more operators who will supervise, manage, and be responsible for the operation and conduct of the gaming event. Operators must be members of the candidate's staff or volunteer members of the candidate's committee. Attach additional sheets if necessary. Please type or print.

| Full Legal Name | Home Address (<i>number and street, city, state, ZIP code</i>) | Date of Birth (<i>month, day, year</i>) | Daytime Telephone Number |
|-----------------|---|---|--------------------------|
| | | | () |
| | | | () |
| | | | () |

12. Please list the name from Line 11 of the **principal operator** who has overall responsibility for the operation and control of this charity gaming event. Please type or print.**X** _____**Worker Information**

13. List all individuals who will assist and work in the operation of the licensed event. Workers must be members of the candidate's staff or volunteer members of the candidate's committee who are not listed as operators on Line 11. Attach additional sheets if necessary. Please type or print.

| Full Legal Name | Home Address (<i>number and street, city, state, ZIP code</i>) | Date of Birth (<i>month, day, year</i>) | Daytime Telephone Number |
|-----------------|---|---|--------------------------|
| | | | |
| | | | |

14. Have any operators/workers listed on this form or on any additional sheets been convicted of a felony within the last ten (10) years in any jurisdiction?

☐ Yes ☐ No If you answered yes, attach a list including each name, type and date of conviction, and jurisdiction/court.

Gross Retail Sales Information

15. Will you conduct any type of retail sales during the licensed event? (*Check one*)

☐ Yes

☐ No

(Example: concessions, T-shirts, hat, snacks, etc.)

If you answered "Yes" complete the following information. If the seller is required to have a Retail Merchant Certificate, enter that number in the box provided

Name of organization offering the sales

Retail Merchant Certificate number

16. Which of the following will your organization be receiving? (*Check one*)

_____ All of the retail sales income

_____ A flat fee retail sales payment

_____ A percent of the retail sales income

_____ (Other)

Distributor Information

17. List the distributor from whom you intend to purchase licensed supplies.

Attach additional sheets if necessary.

| Name | Address (<i>number and street</i>) | City | State | ZIP Code | Items |
|------|--------------------------------------|------|-------|----------|-------|
| | | | | | |

Financial Information

18. Where will the charity gaming financial records be maintained?

Address (*number and street*)

City

State

ZIP code

19. Name, address, and telephone number of the person maintaining these records.

Full legal name

Address (*number and street*)

City

State

ZIP code

Daytime telephone number
()

20. 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

21. The license fee for your first event is \$50.00. However, if the total value of all prizes is one thousand (\$1,000) dollars or less, no fee is due. 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.

Certification

22. 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 Candidate | _____ Print name | _____ County of residence | _____ Telephone number | _____ Date (month, day, year) |
|---------------------------------|---------------------|------------------------------|---------------------------|----------------------------------|

| | | | | |
|---|---------------------|------------------------------|---------------------------|----------------------------------|
| _____ Signature of Candidate's Secretary | _____ Print name | _____ County of residence | _____ Telephone number | _____ Date (month, day, year) |
|---|---------------------|------------------------------|---------------------------|----------------------------------|

Send this application and appropriate fee to:

Indiana Gaming Commission, Charity Gaming Division
101 W. Washington St., East Tower, Suite 1600
Indianapolis, IN 46204 Phone: (317) 232-4646