



CG-CCA, CANDIDATE'S COMMITTEE APPLICATION

State Form 53655 (R4 / 6-14)
Approved by State Board of Accounts, 2014
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 (please type or print)		2. Daytime telephone number ()	
3. Address of candidate (number and street; required)		4. P.O. Box Number (if applicable)	
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 _____ M

7a. Will you be conducting a door prize drawing at this event? Yes No

8. Address of the facility where the event will be conducted (number and street)

City	State	ZIP code	County	Daytime telephone number ()
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9. Total value of all prizes to be awarded: \$ _____

Own/Lease/Donation Information

10. 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 (full legal name)		Address (number and street)		
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 (number and street, city, state, ZIP code)	Date of Birth (month, day, year)	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 (number and street, city, state, ZIP code)	Date of Birth (month, day, year)	Daytime Telephone Number

14. Have any operators or workers listed on lines 11 or 13, or on any attachments, been convicted of a felony within the last ten (10) years in any jurisdiction? (except for arrests which have been sealed or convictions which have been expunged by a court)

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
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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 (number and street)	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
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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 ()
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20. List the organization's separate and segregated charity gaming checking account information

Name of bank

Address (number and street)

City	State	ZIP code
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Name of separate and segregated Charity Gaming checking account	Account number
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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)
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_____ Signature of Candidate's Secretary	_____ Print name	_____ County of residence	_____ Telephone number	_____ Date (month, day, year)
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Send this application and appropriate fee to:

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