CG-AR(R), APPLICATION FOR ANNUAL RAFFLE RENEWAL State Form 53636 (R3 / 7-12) Approved by State Board of Accounts, 2012

For Official Use Only License Fee Paid _ Date Received_

INDIANA GAMING COMMISSION								Date Entered			
INSTRUCTIONS: <u>Not</u> for first time additional sheets if necessary to s Notice: Have you held an Annual If yes, complete this form. If no, y	supply all information I Raffle License withir	n for each line in the last thre	e. Please ee (3) year	type o	or print.	☐ Yes ☐	☐ No		·	ttach	
1. Organization name (please type											
2. Address of principal office (number and street, city, state, and ZIP code)								P.O. B	Sox Number (if	applicable)	
Organization daytime telephon ()	Please incl	e include extension number				4. 0)rganizatio	on fax number			
5. Federal Identification number ((FID)			6. I	Email addres	;s					
7. Contact person's name and titl	7. Contact person's name and title			Contact person's daytime telephone numb				Please in	nclude extension	on number	
8. Address of the facility where the gaming event will be conducted ((number and street)				g business	as (DBA)		
City	State	ZIP code	e		County		Dayt:	Daytime telephone number			
FA	 .CILITY/TANG	IBLE PE	RSONA	L PF	ROPERT	Y INFO	RMAT	ION			
9. Does your organization own	, lease (rent)	, or use a d	donated _	fac	cility where the	the licensed	l event wi	ill be condu	ucted? (Check		
• If leased (rented) or donated, Name of lessor/donor (full legal n		ress of the les	sor or done	or and	Address (number and street) Address (number and street)						
City	State ZIP code			County			Dayti	Daytime telephone number			
10. Is any tangible personal property (e.g. tables, chairs) or gaming equipment/devices being leased or donated to you for this event? Yes No If you answered Yes, list the name and address of the lessor or donor. Attach a signed copy of the lease or donation agreement. Is tangible personal property (e.g. tables, chairs) or gaming equipment/devices owned by the organization? Yes Note: Gaming equipment/devices must originate from a licensed distributor.											
Name		ddress (number and street)			City			State	ZIP	code	
Attach additional sheets if necessa	urv.	Distri	ibutor In	nforn	nation						
11. List the distributor(s) from w	,	ourchase licer	ised suppli	ies.							
Name	Address (number	r and street)	С	City		State	ZI	P code	Items		
Attach additional sheets if necessa.		Oper	rator Inf	form	ation	I	-				
12. List below at least three (3) of	•	unervise, ma	nage, and 1	he resr	oonsible for	the operati	on and co	onduct of the	he charity gan	ning events.	
Full legal name Home address (number and street, city, ste		e address	dress		er's license state I.D.	Data of	Daytime	telephone mber	Data Jaimad	Check all appropriate boxes	
										Bartender Member	
										Bartender	
	<u> </u>									Bartender Member	
13. Are any of the operators listeIf you answered Yes, attach a other gaming events.14. Please list the name from Lincharity gaming event. Please	list including each in the 12 of the principal	ndividual's na	ame, name	e of orga	ganization, an	nd the mont erall respon	th(s) that	they will operate	perate ration and cont		
3 6 6		ame				— Dayti	me telepl	hone numbe	er		

Attach additional sheets if nec			nformation							
	nding operator information on L t in selling pull tabs, punchboard			ork in the opera	ation of the licens	ed event. You m	iust also list any			
Full legal name	Home address (number and street, city, state, 2	1\	rer's license or state I.D.	Date of birth (month, day, year)	Daytime telephon number	Date Joined Organization (month, day, year)	boxes			
					()		Bartender Employee Member			
					()		Bartender Employee Member			
					()		Bartender Employee Member			
16. Have any operators or vany jurisdiction? ☐ Yes	workers listed on line 12 and s □No If you answered Yes	15, or on any as, attach a list	attachments, including each	been convicte h name, date	d of a felony with and type of conv	hin the last ten iction, and juri	(10) years in sdiction/court.			
	Gro	oss Retail S	ales Infor	mation						
	be of retail sales during the licen owing information. If the seller					Yes* umber in the box	No provided.			
Name of organization off	Retail mer	Retail merchant certificate number								
17b. Which of the following w	vill your organization be receiving	ng? (Check one)							
All of the retail sales incomeA flat fee from retail sales payment										
A percentage of th	ne retail sales income	Other (explai								
		litional Activ								
Will your organization sell pull tabs, punchboards, and/or tip boards?YesNo Will your organization conduct a door prize drawing at this event?YesNo (Limitation on door prize drawings at all events is \$1,500 and cannot be increased.)										
		License Fee	Information	on						
your check drawn from	s the amount shown in item #4 your separate and segregated separate and segregated char	ed checking acc	count payable	to the Indian	a Gaming Comn		CG-8. Make			
Name of bank	Address (number and s		City		State	ZIP cod	le			
Name of separate and segre	egated charity gaming checki	ing account	Accoun	nt number						
IMPORTANT: You <u>must</u> a (Ending Inventory Stateme fee to this application.	ttach Form CG-21 (Annual L ent), CG-DIST (Charitable Co	icense Gross F ontribution Di	Receipts Repo stribution Lis	ort), CG-8 (An st), CG-CO (C	nual License Fin Current Officer	ancial Report), List) and the li	CG-INV cense renewal			
		Certif	ication							
	of perjury that there are no mis ill cause rejection of this applic	^			rmation stated. V	Ve understand fa	lse or			
Signature of Presiding Office	cer Print name	Title		Daytin	ne telephone nu	mber Date (m	ionth, day, year)			
Signature of Secretary	Print name		Daytin	me telephone	number	Date (mc	onth, day, year)			
Send this		ed listing of diana Gamir Charity Gan	ng Commis	ssion	s, and paym	ent due to:				
101 W. Washington St., East Tower, Suite 1600 Indianapolis, IN 46204										

Phone: (317) 232-4646

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