

**CG-SP, SPECIAL PERMISSION REQUEST**State Form 53641 (R3 / 1-23)
INDIANA GAMING COMMISSION**For office use only**

Reviewed By: _____

Date Reviewed: _____

Date Completed: _____

Please allow 14 business days for processing. Incomplete applications will not be processed. Organizations must be in good standing with the IRS and the Indiana Department of Revenue.

1. Organization legal name		2. Doing Business As (DBA)		
3. Federal Identification Number (FID/EIN)	4a. Charity Gaming (CG) license number		4b. Charity Gaming (CG) reference number	
5. Address of principal office (<i>number & street required</i>)		6. City	7. State	8. ZIP Code
10. Mailing address (<i>if different</i>)		11. City	12. State	13. ZIP Code
15. Organization daytime telephone number ()		16. Fax number ()		17. Organization email address
18. Contact person's name		19. Contact person's telephone number ()		20. Contact person's email address
SPECIAL PERMISSION REQUEST (Prize Payout Increase): Unlimited Bingo Prize Payout \$ _____		Event day and date: (<i>month, day, year</i>) Week day _____ / Date: _____ Playing Time(s): (<i>begin and end time</i>) From _____ M to: _____ M		
CERTIFICATION: We certify under the penalties of perjury that all of the information submitted in this form and any attachment is true and understand that providing false information may lead to the revocation or denial of charitable gaming license(s), termination of qualification status, a civil penalty, or other sanctions as determined by the Commission through an administrative process.				
Signature of Presiding Officer		Signature of Secretary		
Printed name of Presiding Officer	Title	Printed name of Secretary		
Date (<i>month, day, year</i>)	Daytime telephone number ()	Date (<i>month, day, year</i>)	Daytime telephone number ()	

Instructions:

Special permission requests must be for the same day of the week, date, times, and location as what is approved on the current license.

Qualified Organizations are limited to six (6) Special Permission events per calendar year.

Qualified Organizations shall demonstrate their financial ability to support Special Permission requests upon request by the IGC by submitting true and accurate copies of their separate and segregated bank accounts for the six months preceding Special Permission requests.

Certification Section:

The Presiding Officer of the organization (e.g., the highest-ranking official, President, Chairman, or CEO) and Secretary of the organization must sign attesting to the accuracy of the information.

Mail forms to:
 Indiana Gaming Commission / Charity Gaming Division
 101 West Washington Street, East Tower, Suite 1600
 Indianapolis, Indiana 46204

Email: CharityGaming@igc.in.gov Telephone (317) 232-4646 Fax (317) 232-0117