



# CG-GG, GUESSING GAME LICENSE APPLICATION

State Form 53658 (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:** Please enclose license fee. Allow forty-five (45) business days for processing.

1. Organization name <i>(please type or print)</i>			
2. Address of principal office <i>(number and street, city, state, and ZIP code)</i>			P.O. Box Number <i>(if applicable)</i>
3. Organization daytime telephone number ( )	Please include extension number		4. Organization fax number
5. Federal Identification number (FID)		6. Email address	
7. Contact person's name and title		Contact person's daytime telephone number	Please include extension number
8. On what date and during what hours will your event be conducted? <i>(A.M. establishes the midnight hour, P.M. establishes the noon hour.)</i> Date _____ Hours _____ M to _____ M			
9. Address of the facility where the gaming event will be conducted <i>(number and street)</i>			
City	State	ZIP code	County

## FACILITY/TANGIBLE PERSONAL PROPERTY INFORMATION

Attach additional sheets if necessary to supply all information for each line.

10. Does your organization own _____, lease (rent) _____, or use a donated _____ facility where the licensed event will be conducted? <i>(Check one)</i> <b>• If leased (rented) or donated</b> , 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 ( )	
11. Is any tangible personal property or gaming equipment device being leased to you for this event? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If you answered Yes, list the name and address of the lessor or donor. Attach a signed copy of the lease or donation agreement. Note: Gaming equipment or devices must originate from a licensed distributor.					
Name	Address <i>(number and street)</i>		City	State	ZIP code

## DISTRIBUTOR INFORMATION

Attach additional sheets if necessary.

12. List the distributor from whom you intend to purchase licensed supplies.					
Name	Address <i>(number and street)</i>	City	State	ZIP Code	Items
13. Does your organization own gaming equipment or devices? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, list the distributor name, date of purchase, purchase price, and type of equipment purchased.					
Name of Distributor	Date of Purchase <i>(month, day, year)</i>	Purchase Price	Type of Equipment/Device		

## OPERATOR INFORMATION

*Attach additional sheets if necessary.*

14. Please list at least (3) operators who will supervise, manage, and be responsible for the operation and conduct of the gaming event.

Full Legal Name	Home Address <i>(number and street, city, state, ZIP code)</i>	Driver's License or State I.D.	Date of Birth <i>(month, day, year)</i>	Daytime Telephone Number	Date Joined Organization <i>(month, day, year)</i>	Check all appropriate boxes
				(   )		Bartender <input type="checkbox"/> Member <input type="checkbox"/>
				(   )		Bartender <input type="checkbox"/> Member <input type="checkbox"/>
				(   )		Bartender <input type="checkbox"/> Member <input type="checkbox"/>

15. Please list the name from above of the **principal operator** who has overall responsibility for the operation and control of this charity gaming event.

**X** \_\_\_\_\_  
Name Daytime telephone number

## WORKER INFORMATION

*Attach additional sheets if necessary.*

16. List all individuals (*excluding operator information above*) who will assist and work in the operation of the licensed event.

Full Legal Name	Home Address <i>(number and street, city, state, ZIP code)</i>	Driver's License or State I.D.	Date of Birth <i>(month, day, year)</i>	Daytime Telephone Number	Date Joined Organization <i>(month, day, year)</i>	Check all appropriate boxes
				(   )		Bartender <input type="checkbox"/> Employee <input type="checkbox"/> Member <input type="checkbox"/>
				(   )		Bartender <input type="checkbox"/> Employee <input type="checkbox"/> Member <input type="checkbox"/>
				(   )		Bartender <input type="checkbox"/> Employee <input type="checkbox"/> Member <input type="checkbox"/>
				(   )		Bartender <input type="checkbox"/> Employee <input type="checkbox"/> Member <input type="checkbox"/>

17. Have any operators or workers listed on lines 14 and 16, 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.

## Volunteer Ticket Agent Information

*Attach additional sheets if necessary.*

18. Will the organization utilize Volunteer Ticket Agents ("VTA") to sell tickets for the event?  Yes  No

If yes, please provide the name, address, telephone, and name of the General Manager of each retail establishment whose employees will serve as volunteer ticket agents. A VTA may only sell tickets.

Name of Retail Establishment	Address of Retail Establishment <i>(number and street, city, state, ZIP code)</i>	Name of the General Manager	Telephone Number of the General Manager
			(   )
			(   )
			(   )

### Gross Retail Sales Information

19. Will you be conducting any type of retail sales during the licensed event (i.e. concessions, daubers, snacks, etc.)? (Check one)  Yes\*  No  
 \*If "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
---	------------------------------------

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

All of the retail sales income       A flat fee retail sales payment  
 A percentage of the retail sales income       Other (explain) \_\_\_\_\_

### FINANCIAL INFORMATION

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

Address (number and street)

City	State	ZIP code
------	-------	----------

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

Name

Address (number and street)

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

23. 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

24. The license fee for your first Guessing Game License is \$50.00. 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.

**Notice:** Have you held a Guessing Game License within the last three (3) years?  Yes  No

If yes, your license fee is based on the gross receipts of your last Guessing Game event. If no, your initial license fee is \$50.00.

## CERTIFICATION

25. 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 Presiding Officer

\_\_\_\_\_  
Date (*month, day, year*)

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Daytime telephone number

\_\_\_\_\_  
Signature of Secretary

\_\_\_\_\_  
Date (*month, day, year*)

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Daytime telephone number

**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