



CG-AGG, ANNUAL GUESSING GAME APPLICATION FOR FIRST TIME APPLICANTS

State Form 53660 (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 Entered _____

INSTRUCTIONS: Processing of this application can take up to one hundred twenty (120) business days. Attach license fee.

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 which days of the week and during what hours will your guessing game event be conducted? (<i>A.M. establishes the midnight hour; P.M. establishes the noon hour</i>) Day _____ Hours _____ M to _____ M Day _____ Hours _____ M to _____ M Day _____ Hours _____ M to _____ M				
9. Address of the facility where the gaming event will be conducted (<i>number and street</i>)				Doing business as (DBA)
City	State	ZIP code	County	Daytime telephone number ()

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>) <input type="checkbox"/> 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 ()	
11. Is any tangible personal property (e.g. tables, chairs) or gaming equipment/devices being leased or donated to you for this event? <input type="checkbox"/> Yes <input type="checkbox"/> 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. Note: Gaming equipment/ 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(s) 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/devices? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the distributor name, date of purchase, purchase price, and type of equipment or device 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. List below at least three (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. Please type or print.

X

Name

Daytime telephone number

16. Are any of the operators listed above also operators for another organization's charitable gaming events? Yes No If yes, attach a list including each individual's name, name of organization, and the month(s) that they will operate other gaming events.

WORKER INFORMATION

Attach additional sheets if necessary.

17. 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"/>

18. Have any operators or workers listed on line 14 and 17, or on any attachments, been convicted of a felony within the past 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

19a. Will you conduct any type of retail sales during the licensed event (e.g. accessories, concessions)? (*Check one*) Yes* No

*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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19b. 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

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

Address (*number and street*)

City

State

ZIP code

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

Name

Address (*number and street*)

City

State

ZIP code

Daytime telephone number
()

22. 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

23. The license fee for an organization's first Annual Guessing Game License is \$50.00 and must be paid with this application. The fee should be paid by a check **drawn from your separate and segregated charity gaming checking account**. Make your check payable to: **Indiana Gaming Commission**.

CERTIFICATION

24. 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 \$50.00 fee to:
Indiana Gaming Commission
Charity Gaming Division
101 W. Washington St., East Tower, Suite 1600
Indianapolis, IN 46204
Telephone: (317) 232-4646