CG-AGG(R), ANNUAL GUESSING GAME RENEWAL APPLICATION

State Form 53661 (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: Not for first time applicants. This application must be filed by the 10th day of the month in which your license expires. Attach additional sheets if necessary to supply all information for each line. Please type or print.
***Notice:** Have you held an Annual Guessing Game License within the last three (3) years?* ☐ *Yes* ☐ *No*
If yes, complete this form. If no, you must complete the form for first time applicants and submit the initial license fee of $50.00.

1. Organization name (*please type or print*)

2. Address of principal office (*number and street, city, state, and ZIP code*) | P.O. Box Number (*if applicable*)

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 bingo event be conducted? (*A.M. establishes the midnight hour, P.M. establishes the noon hour.*)
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 (*number and street*) | Doing business as (DBA)

City | State | ZIP code | County | Daytime telephone number ( )

FACILITY/TANGIBLE PERSONAL PROPERTY 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 the 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 ( )

11. 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 ☐ No
Note: Gaming equipment/devices must originate from a licensed distributor.

Name	Address (*number and street*)	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 (*number and street*)	City	State	ZIP code	Items

Operator Information

Attach additional sheets if necessary.

13. List below at least three (3) operators who will supervise, manage, and be responsible for the operation and conduct of the charity gaming events.

Full legal name	Home address (*number and street, city, state, ZIP code*)	Driver's license or state I.D.	Date of birth (*month, day, year*)	Daytime telephone number	Date Joined Organization (*month, day, year*)	Check all appropriate boxes
						Bartender ☐ Member ☐
						Bartender ☐ Member ☐
						Bartender ☐ Member ☐

14. Are any of the operators listed on Line 13 (and any attachments) also operators for any other organization's charitable gaming events? ☐ **Yes** ☐ **No**
If you answered Yes, attach a list including each individual's name, name of organization, and the month(s) that they will operate other gaming events.

15. Please list the name from Line 13 of the principal operator in your organization who has overall responsibility for the operation and control of this charity gaming event. Please type or print. X_____ _____
Name | Daytime telephone number

Attach additional sheets if necessary.

WORKER INFORMATION

16. List **all** individuals (excluding operator information on Line 11) who will assist and work in the operation of the licensed event. You must also list any individual who will assist in selling pull tabs, punchboards, and tip boards.

Full legal name	Home address (*number and street, city, state, ZIP code*)	Driver's license or state I.D.	Date of birth (*month, day, year*)	Daytime telephone number	Date Joined Organization (*month, day, year*)	Check all appropriate boxes
				( )		Bartender ☐ Employee ☐ Member ☐
				( )		Bartender ☐ Employee ☐ Member ☐
				( )		Bartender ☐ Employee ☐ Member ☐

17. Have any operators or workers listed on line 13 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, date and type of conviction, and jurisdiction/court.

GROSS RETAIL SALES INFORMATION

18a. Will you conduct any type of retail sales during the licensed event (e.g. accessories, concessions)? (*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

18b. Which of the following will your organization be receiving? (*Check one*)

_____ All of the retail sales income _____ A flat fee from retail sales payment

_____ A percentage of the retail sales income _____ Other (*explain*) _____

LICENSE FEE INFORMATION

19. The license renewal fee is the amount shown in item #4 on page 3 of your Indiana Charity Gaming Annual License Financial Report, CG-8. Make your check **drawn from your separate and segregated checking account** payable to the **Indiana Gaming Commission**.

20. **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**

IMPORTANT: You <u>must</u> attach Form CG-21 (Annual License Gross Receipts Report), CG-8 (Annual License Financial Report), CG-INV (Ending Inventory Statement), CG-DIST (Charitable Contribution Distribution List), CG-CO (Current Officer List) and the license renewal fee to this application.

CERTIFICATION

21. 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, an updated listing of your current officers, and payment due to:
Indiana Gaming Commission, Charity Gaming Division, 101 W. Washington St., East Tower, Suite 1600, Indianapolis, IN 46204
Telephone: (317) 232-4646