



**CG-MDA, MANUFACTURER AND/OR DISTRIBUTOR
"GAMING CARD LICENSE" AMENDMENT REQUEST**

State Form 54745 (R2 / 8-19)
INDIANA GAMING COMMISSION

For office use only

Reviewed by: _____
Date Reviewed: _____

IMPORTANT INSTRUCTIONS

THIS AMENDMENT FORM ONLY AMENDS THE ENTITIES BUSINESS INFORMATION THAT SHOWS ON THE LICENSE. If you have other changes or updates in regards to your business, please send the detailed information in writing to the address below.

If you are both a Manufacturer and a Distributor of "Licensed Supplies" (pursuant to **IC 4-32.3** and **68 IAC 21**) and sell to Indiana Licensed Distributors AND/OR directly to Indiana Qualified Non-Profit Organizations, then you must hold BOTH a "Manufacturers Indiana Gaming Card License" and a "Distributors Indiana Gaming Card License".

- If you hold both license types and need to amend both, you must submit separate amendment forms and checks for both.

Pursuant to 68 IAC 21, "The commission may assess a twenty-five dollar (\$25) fee for amendments to licenses previously issued."

- A check in the amount of \$25.00 from your business account must accompany this request form when submitted.
- If the amendment fee is not submitted, you will be contacted and/or the request form will be returned to you as incomplete.

Attach additional sheets if necessary.

Mail the completed form and fee to:

Indiana Gaming Commission, Charity Gaming Division,
101 W. Washington Street, East Tower, Suite 1600, Indianapolis, Indiana 46204

SECTION A: CURRENT INFORMATION

1. LIST YOUR BUSINESS NAME AS IT SHOWS ON YOUR CURRENT LICENSE:

NAME: _____

2. LIST YOUR CURRENT INDIANA "GAMING CARD LICENSE" NUMBER THAT IS BEING AMENDED

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3. Provide your contact information below:

Contact Person making request: _____

Contact Telephone Number: _____ (extension: _____)

SECTION C: CHANGES TO BE MADE

4. MARK EACH SUBJECT MATTER THAT YOU ARE AMENDING AND PROVIDE THE NEW INFORMATION:

Business Name: _____

Doing Business As: _____

Principal Address:
Address (number and street): _____

City: _____ State: _____ ZIP: _____ Country: _____

SECTION D: CERTIFICATION

5. Certification: I will comply with all of the provisions of the Indiana Charity Gaming statute and administrative rule. I declare under the penalties of perjury, that this information is to the best of my knowledge and belief true, correct, and complete.

President's / Owner's Signature

Print Name

Date (month, day, year)