



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

State Form 54745 (R / 7-12)
Approved by State Board of Accounts, 2012
INDIANA GAMING COMMISSION

Office Use Only: *DATE RECEIVED*

IMPORTANT INSTRUCTIONS

THIS AMENDMENT FORM ONLY AMENDS THE ENTITIES BUSINESS INFORMATION THAT SHOWS ON THE LICENSE. If you have other changes or updates in regard to your business, please send in form of a written letter to the address provided.

• If you are both a Manufacturer and a Distributor of "Licensed Supplies" (pursuant to **IC 4-32.2** and **68 IAC 21**) and sell to Indiana Licensed Distributors AND/OR directly to Qualified 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 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.

Reviewed By _____ Date Completed: _____

Mail 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 _____

Doing business as (DBA) _____

SECTION B: LICENSE AND CONTACT INFORMATION

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

(six (6) digit number)

3.

Contact person making the request _____

Contact telephone number _____ (ext: _____)

SECTION C: CHANGES TO BE MADE

4. CHECK EACH TOPIC THAT YOU ARE AMENDING AND PROVIDE THE NEW INFORMATION:

Business Name: _____

Doing Business As: _____

Principal Business Address:
(number and street)

Address: _____

City _____ State _____ ZIP _____

Additional Facility Addresses (number and street, city, state, and ZIP code):

1. _____

2. _____

3. _____

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 is to the best of my knowledge and belief a true, correct, and complete application.

President's Signature

Print Name

Title

Date (month, day, year)