



**CG-MDNF: MANUFACTURERS AND/OR DISTRIBUTORS
"CHANGE OF OWNERSHIP" NOTIFICATION**

State Form 54743 (R / 7-12)
INDIANA GAMING COMMISSION

Office Use Only: *DATE RECEIVED*

IMPORTANT INSTRUCTIONS

- Indiana Gaming Card Licenses are NOT TRANSFERABLE.
- Attach a Power of Attorney form when necessary.
- Attach additional sheets if necessary.

Mail completed form and fee to:

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

Reviewed By _____

Date Completed: _____

SECTION A: SELLER INFORMATION

Business name	Ownership type	Federal Identification Number □ □ - □ □ □ □ □ □ □ □
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Doing business as (DBA)

Address (number and street)	City	State	ZIP code
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Owner(s) full name	Telephone number(s)

SECTION B: PURCHASER'S INFORMATION

Business name	Ownership type	Federal Identification Number □ □ - □ □ □ □ □ □ □ □
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Doing business as (DBA)

Address (number and street)	City	State	ZIP code
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Owner(s) full name	Telephone number(s)

SECTION C: TRANSACTION DETAILS

EFFECTIVE DATE OF SALE (month, day, year) _____

Business Sold: In Part In Whole

Mark all inventory and/or property items that are included in the Sale (attach additional sheets if necessary):

- Stock of "licensed supplies" Facility Buildings Equipment/Devices
- Financial/Business Records Other _____

SECTION D: RECORDS

If records are NOT part of the Sale, list below whom holds the records and the address where the records will be stored.

NOTE: As a manufacturer and/or distributor, you must keep specific records for the Commission. These records must be kept until the later of six (6) years or the end of an audit if such records are under audit (68 IAC 21).

Storage address (<i>number and street</i>)	Contact person's name	Contact person's telephone number
City	State	ZIP code

SECTION E: CERTIFICATION

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.

Which entity is completing the form? (*Check one*): Seller Purchaser

President's Signature

Print Name

Date (*month, day, year*)