



CG-MDNF, MANUFACTURERS AND/OR DISTRIBUTORS "CHANGE OF OWNERSHIP" OF BUSINESS, INVENTORY AND/OR PROPERTY NOTIFICATION

State Form 54743 (R2 / 8-19)
INDIANA GAMING COMMISSION

For office use only
Reviewed by: _____
Date Reviewed: _____

INSTRUCTIONS – Provide all information for lines 1 through 19.

Per 68 IAC 21, you must provide the following information to us within ten (10) days of the closing of the sale.

- If you received your original license as a paper document and now your business was sold or closed before that license expired, then you must return the original license with this form.
- Indiana Gaming Card Licenses are NOT TRANSFERABLE.
- Attach a Power of Attorney form when necessary.
- Attach additional sheets if necessary.

Mail Completed form and attachments to:
Indiana Gaming Commission / Division of Charity Gaming
101 W. Washington Street, East Tower, Suite 1600
Indianapolis, Indiana 46204

SECTION A: SELLER INFORMATION

1. Business Name		2. Ownership Type	3. Employer Identification Number (EIN) / Federal Identification Number (FID) □ □ - □ □ □ □ □ □ □ □	
4. Doing Business As (DBA)				
5. Address (number and street)	City	State	ZIP Code	
6. Owner(s) Full Name		7. Telephone Number(s)		

SECTION B: PURCHASERS INFORMATION

8. Business Name		9. Ownership Type	10. Employer Identification Number (EIN) / Federal Identification Number (FID) □ □ - □ □ □ □ □ □ □ □	
11. Doing Business As (DBA)				
12. Address (number and street)	City	State	ZIP Code	
13. Owner(s) Full Name		14. Telephone Number(s)		

SECTION C: TRANSACTION DETAILS11. EFFECTIVE DATE OF SALE (*mm/dd/yyyy*): _____Business Sold: In Part In Whole12. Mark all inventory and/or property items that are included in the Sale (*attach additional sheets if necessary*): Stock of "licensed supplies" Buildings Equipment / Devices Financial / Business Records Other _____**SECTION D: RECORDS**

13. If records are NOT part of the Sale, list below the individual that 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 (*number and street*)

Contact Person

Contact Number

City

State

ZIP Code

SECTION E: CERTIFICATION14. Which entity is completing this form? (*mark one*) Seller or Purchaser

15. 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 notification.

Signature of President / Owner_____
Printed Name_____
Date (*month,day,year*)