CG-EXP, EXPEDITED APPLICATION REQUEST

State Form 56747 (6-19)
INDIANA GAMING COMMISSION

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

1. **Name of qualified organization holding the licensed event** *(as appears on Qualification Application)*			**2.** Federal Identification number (FID)
3. Address (*number and street*)			
4. City	**5.** State	**6.** ZIP code	**7.** County
8. Telephone Number ( )	**9.** Extension	**10.** Organization Fax ( )	**11.** Organization E-mail
12. Organization's contact person	**13.** Contact person telephone ( )	**14.** Contact person E-mail address	

EVENT INFORMATION

15. Type of allowable event	**16.** License number *(if approved)*

As per IC 4-32.3-6-2, organizations may request that their Charity Gaming application be reviewed within ten (10) business days by paying an expedited processing fee of $100 for first time applicants or 10% of their renewal fee for renewing applicants (whichever is the greater). These expedited fees must accompany this Expedited Application Request. Fees associated with the expedited application must be paid via a separate check from the separate and segregated gaming account. These fees are attached to this request. ☐ Yes ☐ No

17. Organization's expedited fee is: $_____	**18.** If this expedited application is a renewal application, our licensure renewal fee is: $_____

Signature of Presiding Officer	Print name and title	Date (*month, day, year*)
Signature of Secretary	Print name	Date (*month, day, year*)

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