



CG-EXP, EXPEDITED APPLICATION REQUEST

State Form 56747 (R / 9-23)
INDIANA GAMING COMMISSION
Approved by State Board of Accounts, 2022

For office use only

Reviewed by _____

Date Reviewed _____

Date Completed _____

Expedited requests must be received with completed applications and allow a processing time of ten (10) business days. Delays may occur if accompanying application is incomplete or missing required schedules and information.

1. Organization legal name		2. Doing Business As (DBA)			
3. Federal Identification Number (FID/EIN)		4. Charity Gaming (CG) license number			
5. Address of principal office (number & street required)		6. City	7. State	8. ZIP Code	9. County
10. Mailing address (if different)		11. City	12. State	13. ZIP Code	14. County
15. Organization daytime telephone number ()		16. Fax number ()		17. Organization email address	
18. Contact person's name		19. Contact person's telephone number ()		20. Contact person's email address	

ACTIVITY INFORMATION

21. Check the license application you wish to expedite:

- | | | |
|---|--|---|
| <input type="checkbox"/> Annual Activity, CG-AL | <input type="checkbox"/> Single Activity, CG-SL | <input type="checkbox"/> Festival, CG-FES |
| <input type="checkbox"/> Candidates Committee, CG-CCA | <input type="checkbox"/> Convention Raffle, CG-CVN | <input type="checkbox"/> Annual Affiliate, CG-AAL |

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:

- First time applying for the selected activity type - fee is \$100.
- Renewing selected activity type - fee is the **greater** of \$100 or 10% of the renewal fee.

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 charity gaming checking account.

Organization's expedition fee is:

\$ _____

If this expedited application is a renewal application, our licensure renewal fee is:

\$ _____

CERTIFICATION: We certify under the penalties of perjury that all of the information submitted in this form and any attachment is true and understand that providing false information may lead to the revocation or denial of charitable gaming license(s), termination of qualification status, a civil penalty, or other sanction as determined by the Commission through an administrative process.

Signature of Presiding Officer		Signature of Secretary	
Printed Name and Title		Printed Name	
Date (month, day, year)	Daytime telephone number ()	Date (month, day, year)	Daytime telephone number ()

Mail completed form and fee with activity application to:
Indiana Gaming Commission / Charity Gaming Division
101 West Washington Street, East Tower, Suite 1600
Indianapolis, IN 46204

Email: CharityGaming@igc.in.gov Telephone (317) 232-4646 Fax (317) 232-0117