



CG-AFF, AFFILIATION ATTACHMENT FOR ANNUAL AFFILIATE LICENSE (AAL) APPLICANTS

State Form 56745 (6-19)
INDIANA GAMING COMMISSION

For office use only

Reviewed by: _____

Date reviewed: _____

General instructions:

Enter the name of the National Foundation or National Organization and AAL License number. License number required if submitted with renewal application. Enter the name of each affiliate to be recognized on the AAL license. Reminder: Each affiliate must have IRS exemption status. Affiliates without exemption status will not be included on the AAL license and will not be eligible to obtain approval for activities. Please provide the date the affiliate was formed, the location of the proposed events and an estimated number of events. The affiliate must have sixty (60) days existence in Indiana prior to their first activity.

National Foundation or National Organization legal name		AAL License Number	
Name of Affiliate		Federal Identification Number	
Address of Affiliate (number and street, city, state, and ZIP code)		Exemption with IRS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date formed (month, day, year)	Location(s) of proposed event(s)	Estimated number of events	
Name of Affiliate		Federal Identification Number	
Address of Affiliate (number and street, city, state, and ZIP code)		Exemption with IRS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date formed (month, day, year)	Location(s) of proposed event(s)	Estimated number of events	
Name of Affiliate		Federal Identification Number	
Address of Affiliate (number and street, city, state, and ZIP code)		Exemption with IRS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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