CG-AAL, APPLICATION FOR ANNUAL AFFILIATE LICENSE

State Form 56729 (6-19)
INDIANA GAMING COMMISSION

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

1. National Foundation or National Organization legal name	2. ☐ National Foundation ☐ National Organization	3. AAL License Number

4. Address of principal office (*number and street; required*)	5. P.O. Box Number (*if applicable*)

6. City	7. State	8. ZIP Code

9. Daytime telephone number ( )	10. Extension	11. Fax number ( )	12. National E-mail

13. Contact name	14. Contact daytime telephone number ( )	15. Extension	16. Contact E-mail

17. Federal Identification Number (FID)	18. Date formed (m*onth/day/year*): _____ / _____ / _____	19. Number of years active, continuous existence in Indiana: _____

20a. Attachments *(for first time applicants)*:

- ☐ By-laws
- ☐ Articles of Incorporation
- ☐ IRS tax exemption status letter
- ☐ List of Affiliates *(Complete Form CG-AFF)*
- ☐ Evidence of grants to Indiana Organizations *(National Foundations only)*
- ☐ Proof of existence *(National Organizations only)*
- ☐ List of Current Officers *(Complete Form CG-CO)*

20b. Attachments *(for renewing applicants)*:

- ☐ List of Current Officers *(Complete Form CG-CO)*
- ☐ List of Affiliates *(Complete Form CG-AFF)*
- ☐ Evidence of grants to Indiana Organizations *(National Foundations only)*

21. Name and address of the **Indiana** bank designated by the National Foundation or National Organization.

22a. Name of separate and segregated charity gaming checking account	22b. Account number of separate and segregated charity gaming account

23. Please list the proposed operators who will supervise, manage and be responsible for the operation of the gaming activites. *(Attach additional sheets if necessary.)*

Full Legal Name	Home Address	Driver's License or State Identification Number	Date of Birth *(month, day, year)*	Daytime Telephone Number	Month, Year Joined/Employed

Certification: We certify under the penalties for perjury that all of the information submitted in this form is true and 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.

24. Signature of National President/CEO		25. Signature of National Secretary	
Printed Name and Title		Printed Name	
Date *(month, day, year)*	Daytime telephone number	Date *(month, day, year)*	Daytime telephone number

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

Instructions

CG-AAL, Annual Affiliate License

First Time Applications only

Line 18: Enter the date the National Foundation or National Organization was formed.

Line 19: The number of year's active, continuous existence in Indiana.

Line 20a: Attachments required – By-laws and Articles of Incorporation and a copy of the IRS tax exempt status letter (501 (c) letter).

Current Officers Form, CG-CO, must be completed and attached along with a List of Affiliates Form, CG-AFF, to identify the Indiana chapters, subdivisions, associations or committees to be recognized under this Annual Affiliate License (AAL).

National Foundations only – must provide that the foundation has provided grants to Indiana organizations in aggregate amounts that annually exceed fifty thousand dollars ($50,000) in each of the three (3) calendar years preceding the calendar year in which the organization applies for a comprehensive license. A list including the name, address, and federal identification number, amount of distribution and date of distribution should be provided for each year required.

National Organizations only – must provide proof of continuous existence in Indiana for at least one (1) year.

Renewing applications only

Line 20b: attachments required: Current Officers Form, CG-CO, and the List of Affiliates, CG-AFF.

National Foundations only – must provide that the foundation has provided grants to Indiana organizations in aggregate amounts that annually exceed fifty thousand dollars ($50,000) in each of the three (3) calendar years preceding the calendar year in which the organization applies for a comprehensive license. A list including the Name, Address, and Federal Identification Number, amount of distribution and date of distribution should be provided for each year required.

All applicants

Lines 21 – 22b: Enter the name, address, account name, and account number of the Indiana bank where the separate and segregated charity gaming checking account is located. All income from all charity gaming events held by the foundations/organizations affiliates must be deposited into this separate and segregated charity gaming checking account and cannot be transferred to any other account.

Line 23: Enter the proposed operators who will supervise, manage and be responsible for the operation of the allowable events.

Certification

The Presiding Officer of the foundation/organization (e.g., the highest ranking official, President, Chairman, or CEO) and the Secretary of the foundation/organization must sign.

Mail completed form and fee to:

Indiana Gaming Commission / Charity Gaming Division
101 West Washington Street, East Tower, Suite 1600
Indianapolis, Indiana 46204