CG-AN, AFFILIATE NOTIFICATION

State Form 56737 (6-19)
INDIANA GAMING COMMISSION

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

1. National Foundation or National Organization legal name	2. AAL License Number
3. Affiliate name and Identification number *(number assigned by IGC on National license)*	4. ☐ BINGO ACTIVITES ☐ RAFFLE ACTIVITES
5. Affiliate address of principal office (*number and street; required*)	6. P.O. Box Number (*if applicable*)

7. City	8. State	9. ZIP Code

10. Affiliate daytime telephone number ( )	11. Extension	12. Affiliate fax number ( )

13. Affiliate Federal Identification Number (FID)	14. Affiliate E-mail address

15. Affiliate contact name and title	16. Affiliate contact daytime telephone number ( )	17. Extension

18. On what date and during what hours will your activity be conducted?

Date *(month, day, year)* _____ Hours _____ _____M to _____ _____M

19. Name and address of the facility where the gaming activities will be conducted *(number and street)*

20. City	21. State	22. ZIP Code	23. County

24. Please list at least three (3) operators who will supervise, manage and be responsible for the operation of the gaming activity. (*Attach additional sheets if necessary.)*

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

25. Please list the name from above of the principal operator who has overall responsibility for the operation and control of this charity gaming activity. _____

26. Are any of the operators listed on line 24, or attachment, also officers of the affiliate? List their name, title and term below:
☐ _____ ☐ _____ ☐ _____

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.

27. Signature of Affiliate Presiding Officer		28. Signature of Affiliate 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

1CG-AN, Affiliate Notification

Please allow twenty-one (21) days for processing.

Line 2: The Annual Affiliate License Number (AAL).

Line 3: Enter the name of the affiliate applying along with the identification number assigned the affiliate located on the AAL license.

Line 4: Select the type of activities that will be conducted, Bingo or Raffle. Select both if conducting both.

Line 13: Please provide the affiliate's Federal Identification Number.

Line 14: Please provide an e-mail address for the affiliate. Communications will be via e-mail.

Line 19: Enter the name and address of the facility where the gaming activity will be held.

Line 24: Enter all information for at least three (3) operators who will conduct the gaming activity.

Line 25: Enter the name of the operator who has overall responsibility for the gaming activities.

Line 26: Please list officers, including their term expiration date. Example: Joe Smith, Chairman 5-31-2019.

Certification

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

Completed form may be e-mailed or faxed to:

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