



CG-SL, APPLICATION FOR SINGLE ACTIVITY LICENSE
 State Form 56736 (R / 10-22)
 INDIANA GAMING COMMISSION

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

Please allow 45 business days for processing. Incomplete applications will not be processed. Organizations must be in good standing with the IRS and the Indiana Department of Revenue.

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 e-mail address	

ACTIVITY INFORMATION

21. Type(s) of gaming activities (check all that apply):

- Bingo Casino Game Night Water Race Guessing Game Raffle PPT

If Raffle(s) are to be conducted, how does the organization plan on selling tickets? _____

22. **Date of Activity** ___ / ___ / _____ **Hours** _____ **M** to _____ **M**

DISTRIBUTOR INFORMATION

List the Indiana licensed distributor(s) from whom you intend to purchase licensed supplies including gaming equipment/devices.

23. Name of Distributor	24. Address (number and street)	25. City	26. State	27. ZIP Code	28. Items

29. Does your organization own gaming equipment/devices? Please list all gaming equipment/devices owned. Yes No

30. Name of Distributor	31. Date of purchase (month, day, year)	32. Purchase price	33. Type of equipment/device

Organization legal name		Federal Identification Number (FID/EIN)		CG license number	
GAMING EQUIPMENT AND TANGIBLE PERSONAL PROPERTY INFORMATION					
34. Is any gaming equipment and/or devices being leased or donated to the organization for these activities? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: Gaming equipment and/or devices must originate from a licensed distributor.					
35. Name of lessor/donor (<i>full legal name</i>)			36. Daytime telephone number ()		
37. Address (<i>number and street</i>)		38. City		39. State	40. ZIP Code
41. Is any tangible personal property (such as tables, chairs, etc.) being leased/rented or donated to the organization for these activities? <input type="checkbox"/> Yes <input type="checkbox"/> No					
42. Name of lessor/donor (<i>full legal name</i>)			43. Daytime telephone number ()		
44. Address (<i>number and street</i>)		45. City		46. State	47. ZIP Code
FACILITY LEASED/DONATED PROPERTY INFORMATION					
48. Name of facility where the gaming activity(s) will be conducted			49. Address of facility where the gaming activity(s) will be conducted (<i>number and street; required</i>)		
50. City		51. State	52. ZIP Code	53. County	54. Daytime telephone number ()
55 a. Is the facility listed in line 48 owned by the organization applying? <input type="checkbox"/> Yes <input type="checkbox"/> No					
55 b. Is the facility listed in line 48 leased/rented to the organization applying? <input type="checkbox"/> Yes <input type="checkbox"/> No					
55 c. Is the facility listed in line 48 donated to the organization applying? <input type="checkbox"/> Yes <input type="checkbox"/> No					
56. Name of lessor/donor (<i>full legal name</i>)			57. Daytime telephone number ()		
58. Address (<i>number and street</i>)		59. City		60. State	61. ZIP Code
FINANCIAL INFORMATION					
62. Name of facility where the charity gaming financial records will be maintained?			63. Address (number and street)		
64. City		65. State		66. ZIP Code	
Name, address, and telephone number of the person maintaining the charity gaming financial records. This person listed must be a member of the organization (at least 60 days) and must be an operator listed on Schedule A.					
67. Name (<i>full legal name</i>)			68. Address (<i>number and street</i>)		
69. City		70. State	71. ZIP Code	72. Daytime telephone number ()	
ORGANIZATION'S SEPARATE AND SEGREGATED CHARITY GAMING CHECKING ACCOUNT INFORMATION					
73. Name of Bank			74. Address (<i>number and street</i>)		
75. City		76. State	77. ZIP Code	78. Daytime telephone number ()	
79. Name of separate and segregated charity gaming checking account:			80. Account Number		

Organization legal name	Federal Identification Number (FID/EIN)	CG license number	
OPERATOR AND WORKER INFORMATION			
81. Do any of the proposed Operators or Workers listed on Schedule A, B or Form CG-NPA have a felony conviction within the past ten (10) years. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, those individual(s) cannot be involved with the organization's gaming activities in any manner and MUST be removed from Schedule A, B and/or Form CG-NPA.			
82 a. Schedule A, Operator List, must be attached for all activities selected on page 1, line 21. Is Schedule A attached? <input type="checkbox"/> Yes <input type="checkbox"/> No			
82 b. List the name from Schedule A as the Principal Operator, the person who shall have overall responsibility for the operations and control of the charity gaming activity. Name: _____ Daytime telephone number (____) _____			
82 c. Schedule B, Worker List, may be attached for all activities selected on page 1, line 21. Is Schedule B Member attached? <input type="checkbox"/> Yes <input type="checkbox"/> No Is Schedule B Employee attached? <input type="checkbox"/> Yes <input type="checkbox"/> No			
82 d. Will the Organization be using Non-Member Participants to help conduct an activity? Is Form CG-NPA attached? <input type="checkbox"/> Yes <input type="checkbox"/> No			
VOLUNTEER TICKET AGENT INFORMATION			
83. Are Volunteer Ticket Agents (VTA) being utilized for your: <input type="checkbox"/> Water Race <input type="checkbox"/> Guessing Game <input type="checkbox"/> Raffle? If Yes, provide the following information for each retail establishment. Attach additional sheets if needed.			
Name of Retail Establishment	Address of Retail Establishment	Name of General Manager	Telephone number of General Manager
84. Have you held a Single Activity License in the last three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, the license fee is based on the adjusted gross income from your last Single Activity License held. If no, the Single Activity License fee due will be \$50. All license fees should be paid from the separate and segregated charity gaming bank account made payable to Indiana Gaming Commission.			
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 forms to:
Indiana Gaming Commission / Charity Gaming Division
101 West Washington Street, East Tower, Suite 1600
Indianapolis, Indiana 46204

CG-SL, Application for Single Activity License Instructions

Organization Information Section:

Line 4: Enter the Organizations activity license number. This was assigned with your organizations first, initial, activity license application. (Annual Activity, Single Activity or Festival Activity). NOTE: If this is your first or initial time applying this number will be assigned after processing.

Activity Information Section: What activities does the organization want to conduct?

Line 21: Select ALL gaming activities that will be conducted during this license period. (PPT – refers to pull tabs, punchboards, tip boards and sports themed tip boards.)

Line 22: Indicate the date (month, day and year) and the time frame (begin and end) the gaming activity will be conducted.

Distributor Information Section: Certain gaming equipment, devices and supplies must be obtained from a license distributor.

Lines 23 – 28: Licensed supplies include bingo supplies, bingo display boards, bingo blower, pull tabs, punch boards, tip boards, raffle boards, sports theme pull tabs, roulette wheels, etc. List all the distributors information in this section along with the items listed in box 30.

Lines 29 - 33: Does the organization own any gaming equipment. If you answered YES, complete lines 28 - 32. If your organizations gaming equipment/devices are registered with the Indiana Gaming Commission, mark grandfathered in line 29 and list those items in line 32.

Gaming Equipment and Tangible Personal Property Information Section:

Lines 34 – 40: Provide information about any gaming equipment or devices that are being leased or donated to the organization to conduct gaming activities. Attach a copy of the lease or donation statement to this application. **NOTE:** Gaming equipment and/or devices must originate from a licensed distributor. Equipment may be donated by another qualified organization at NO CHARGE, if they can verify equipment/device was obtained from a licensed distributor. Verification must be attached.

Lines 41 – 47: Provide information about any tangible personal property (tables, chairs, tents, etc.) that is being leased or donated to the organization to conduct gaming activities. Attach a copy of the lease or donation statement as verification.

Facility Information Section: Where will gaming activities be conducted.

Lines 48 – 54: Provide the facility name, full address, county location and daytime telephone number.

Line 55: Indicate if this facility is owned, leased, rented, or donated to the organization for gaming purposes.

NOTE: A copy of the lease/rental agreement must be attached to the application or the Single Activity License Financial Report when a facility rent deduction is claimed on line 24 of Form CG-SL FR.

Lines 56 – 61: Must be completed for any leased, rented, or donated facility. Provide the requested information for the owner of the property being leased, rented, or donated.

Financial Information Section:

Lines 62 - 66: Enter the location where the charity gaming records will be maintained.

Lines 67 – 72: Who will be responsible for maintaining the charity gaming records. **NOTE:** This person must be a member of the organization for at least 60 days and must be listed on Schedule A as an Operator for this license.

Lines 73 – 78: List the name and address of the Indiana bank – where the separate and segregated bank account is located.

Lines 79 – 80: Enter the name and account number of the separate and segregated charity gaming checking account.

Operator, Worker and Bartender Information Sections:

Line 81: Anyone that has been convicted of a felony in the last 10 years cannot be involved with charity gaming activities. Please remove those individuals from Schedules A, B, C, and Form CG-NPA.

Line 82 a: Schedule A, Operator list must be completed and attached for all activities selected on page 1, line 21. List those individuals who have been a member of your organization for at least 60 days and who will supervise, manage and be responsible for the operation and conduct of the gaming activity. Please list at least three (3) members on this schedule. Attach additional copies of Schedule A as needed.

Line 82 b: List the person from Schedule A, Operator list, who will have the overall responsibility for the operations and control of the charity gaming activity. This person will be the Principal Operator for gaming activities.

Line 82 c: There are two types of workers – member and employee. Be sure to use and attach the correct Schedule.

Schedule B – Members – list those individuals who have been a member for at least thirty (30) days and will assist in conducting gaming activities.

Schedule B – Employees – list those individuals who are full-time employees that will assist in conducting gaming activities.

Line 82 d: Non-Member workers – a license organization may borrow members of another qualified organization to assist in conducting charity gaming activities. Form CG-NPA must be completed by both the licensed and qualified organizations. Please attach Form CG-NPA to your application.

Volunteer Ticket Agent Information Section:

Line 83: Enter the name, address, and General Managers name and daytime telephone number of each retail establishment being utilized. A copy of the requirements for using volunteer ticket agents (VTA) can be found on our website for further instructions.

Certification Section:

The Presiding Officer of the organization (e.g., the highest-ranking official, President, Chairman, or CEO) and Secretary of the organization must sign attesting to the accuracy of the information.