# CG-SL, APPLICATION FOR SINGLE ACTIVITY LICENSE

State Form 56736 (6-19)
INDIANA GAMING COMMISSION

**For office use only**
Reviewed By:_____
Date Reviewed: _____

| 1. Organization legal name | | | 2. Federal Identification Number (FID) |
|---|---|---|---|
| 3. Address of principal office (*number and street; required*) | | | 4. P.O. Box Number (*if applicable*) |
| 5. City | 6. State INDIANA | 7. ZIP Code | 8. County |
| 9. Organization Daytime telephone number ( ) | 10. Extension | 11. Fax number ( ) | 12. Organization E-mail |
| 13. Contact name | 14. Contact daytime telephone number ( ) | 15. Extension | 16. Contact E-mail |

## ACTIVITY INFORMATION

| 17. License Number *(see instructions)* | 18. Type(s) of gaming activities: ☐ Bingo ☐ Casino Game Night ☐ Water Race ☐ Guessing Game ☐ Raffle |
|---|---|

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

Date _____/_____/_____ Hours ____:_____ ___M to ____:_____ ___M

## FACILITY and TANGIBLE PERSONAL PROPERTY INFORMATION

| 20. Name of the facility where the gaming activities will be conducted | | | |
|---|---|---|---|
| 21. Address of the facility where the gaming activities will be conducted (*number and street; required*) | | | |
| 22. City | 23. State INDIANA | 24. ZIP Code | 25. County |

26. Is the facility listed in line 20 owned by the organization applying? ☐ Yes ☐ No *If yes, go to 34.*

27a. Is the facility listed in line 20 leased/rented to the organization applying? ☐ Yes ☐ No – *See instructions.*
27b. Is the facility listed in line 20 donated to the organization applying? ☐ Yes ☐ No – *See instructions.*

| 28. Name of lessor/donor (*full legal name*) | | 29. Daytime telephone number ( ) | |
|---|---|---|---|
| 30. Address (*number and street*) | 31. City | 32. State | 33. ZIP Code |

34. Is any tangible personal property or gaming equipment/devices being leased or donated to you for this event? ☐ Yes ☐ No
*Note: Gaming equipment/devices must originate from a licensed distributor.*

| 35. Name of lessor/donor (*full legal name*) | | 36. Daytime telephone number ( ) | |
|---|---|---|---|
| 37. Address (*number and street*) | 38. City | 39. State | 40. ZIP code |

| Organization legal name | Federal Identification Number (FID) | License Number |
|---|---|---|
| | | |

## DISTRIBUTOR INFORMATION

41. Will your organization be selling pull tabs, punchboards and/or tip boards? ☐ Yes ☐ No

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

| 42. Name of distributor | 43. Address *(number and street)* | 44. City | 45. State | 46. ZIP code | 47. Items |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |

48. Does your organization already own gaming equipment/devices? ☐ Yes ☐ No

| 49. Name of distributor | 50. Date of purchase *(month, day, year)* | 51. Purchase price | 52. Type of equipment / device |
|---|---|---|---|
| | | | |
| | | | |

## FINANCIAL INFORMATION

Where will the charity gaming financial records be maintained?

53. Address (*number and street*)

| 54. City | 55. State | 56. ZIP Code |
|---|---|---|
| | | |

Name, address, and telephone number of the person maintaining these records.

| 57. Name | 58. Daytime telephone number ( ) |
|---|---|
| | |

| 59. Address (*number and street*) | 60. City | 61. State | 62. ZIP Code |
|---|---|---|---|
| | | | |

List the organization's separate and segregated charity gaming checking account information.

63. Name of bank

64. Address (*number and street*)

| 65. City | 66. State | 67. ZIP Code |
|---|---|---|
| | | |

| **68. Name of separate and segregated charity gaming checking account** | **69. Account number** |
|---|---|
| | |

| Organization legal name | Federal Identification Number (FID) | License Number |
|---|---|---|
| | | |

70. Do any of the proposed Operators, Workers, and/or Bartenders listed on Schedule A, B or C have a Felony Conviction within the past ten (10) years? ☐ Yes ☐ No
If yes, those individual(s) cannot be involved the organization's gaming activities in any manner and MUST be removed from Schedule A, B and C.

## OPERATOR INFORMATION

71a. An Operator listing, Schedule A, must be attached for all activities selected on page 1.
Is Schedule A attached? ☐ Yes ☐ No

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71b. List the name from Schedule A of the Principal Operator who has overall responsibility for the operation and control of the charity gaming activity.

Name: _____ Daytime Telephone Number (_____)_____

## WORKER INFORMATION

72. A Worker listing, Schedule B, must be attached for all activities selected on page 1.
Is Schedule B attached? ☐ Yes ☐ No

## VOLUNTEER TICKET AGENT INFORMATION

73. Are Volunteer Ticket Agents (VTA) being utilized for your: ☐ Water Race, ☐ Guessing Game or ☐ 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 the General Manager | Telephone number of the General Manager |
|---|---|---|---|
| | | | (  ) |
| | | | (  ) |

**Certification:** We certify under the penalties for perjury that all of the information submitted in this form and any attachment 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.

| 74. Signature of Presiding Officer | | 75. 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 payment to:

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

## Instructions

## CG-SL, Application for Single Activity License

### Activity Information Section

Line 17: Enter the Organizations Activity License number. This was assigned with your organizations first activity license application. (Annual Activity, Single Activity or Festival Activity.) *NOTE:* If this is your first time applying, this number will be assigned after processing.

Line 19: You must indicate the date and the time frame the gaming activity will be conducted.

### Facility Information Section

Line 20: Enter the name of the facility where the gaming activity will be held.

Line 27a and b: Indicate if the facility is being leased/rented or donated, complete Lines 28 through 33. *NOTE:* A copy of your lease/rental agreement will need to be attached to your financial report if claiming rent paid.

Line 34: If tangible personal property or gaming equipment or devices are being leased or donated, a copy of the lease agreement or donation statement must be attached and Lines 35 through 40 must be completed. *NOTE*: Only reusable licensed supply such as gaming equipment and/or devices may be leased from a licensed Distributor. Reusable licensed supply may be donated by a qualified organization. Non-reusable licensed supply (bingo paper, ppt, etc) must be obtained from a licensed Distributor.

### Distributor Information Section

Lines 42 – 46: List the Distributor's information in this section along with the items listed in box 47. **Licensed supplies include** bingo supplies, bingo flash boards, bingo blower, pull tabs, punchboards, tip boards, raffle boards, roulette wheels, etc.

Line 48: If you answered yes, complete Lines 49 through 52.

### Financial Information Section

Lines 53 - 56: Requires the location where the charity gaming financial records will be maintained.

Lines 57 – 62: *NOTE*: the person maintaining the charity gaming records must be listed as an operator on Schedule A.

Lines 68 and 69: Enter the name and account number of the separate and segregated charity gaming checking account.

### Operator Information Section

Line 71a: An Operator listing, Schedule A, must be attached for all activities selected on page 1.

You will list those individuals who have been a **member** of your organization for at least six (6) months and who will supervise, manage, and be responsible for the operation and conduct of the gaming event. Please list at least three (3) members in this section. Attach additional copies of Schedule A as needed.

### Worker Information Section

Line 72: There are two (2) types of workers – Member workers and Employee workers. Schedule B includes both types.

MEMBER Worker Information - This section shall be used to list those individuals who have been a member of your organization for at least thirty (30) days and will conduct or assist in conducting the gaming activity.

EMPLOYEE Worker Information - This section shall be used to list those individuals who are full time employees of your organization and will conduct or assist in conducting the gaming activity.

### Volunteer Ticket Agent Information Section

Line 73: Enter the name and address along with the General Managers name and telephone number of each retail establishment being utilized. A copy of the rules 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.