CG-AL, APPLICATION FOR ANNUAL ACTIVITY LICENSE

State Form 56728 (R / 7-26)
INDIANA GAMING COMMISSION
Approved by State Board of Accounts, 2026

For office use only
Reviewed by _____
Date _____

Renewing applicants: Please have post marked by the 10th of the month when your current license expires.
New applicants: Please allow 45 business days for processing. Incomplete applications will not be processed.

COMPLETED FORMS AND ALL FEES WILL NEED TO BE MAILED IN ACCORDANCE WITH IC 4-32.3-6. EMAILED FORMS WILL NOT BE PROCESSED.

1. Organization legal name		
2. Federal Identification Number (FID/EIN)	3. Charity Gaming license number	
4. Address of principal office *(number & street required)*	5.City	6. ZIP Code
7. Mailing address *(if different)*	8.City	9. ZIP Code
10. Organization telephone number	11. Organization email address	
12. Contact person's legal name	13. Contact person's telephone number	
14. Contact person's email address		

15. **VETERANS ORGANIZATION ONLY** license applying for: ☐ ONE (1) YEAR ☐ THREE (3) YEARS

16. **All applications require a new CG-CO (Current Officer List)**, is a copy of it signed and attached? ☐ Yes ☐ No

ACTIVITY INFORMATION

17. Type(s) of gaming activities and the day's played *(check all that apply)*

☐ Bingo ☐ Dingo ☐ Casino Game Night ☐ Water Race ☐ Guessing Game

Casino Game Night, Bingo, and Dingo endorsements may only be conducted three days per week at one facility.
Casino Game Night must be conducted within a calendar day between 12:01 AM to 11:59 PM.

Day of the week: _____	Day of the week: _____	Day of the week: _____
Start Time: _____ ☐ AM ☐ PM	Start Time: _____ ☐ AM ☐ PM	Start Time: _____ ☐ AM ☐ PM
End Time: _____ ☐ AM ☐ PM	End Time: _____ ☐ AM ☐ PM	End Time: _____ ☐ AM ☐ PM
Choose ONE:	Choose ONE:	Choose ONE:
☐ Bingo ☐ Water Race ☐ Dingo ☐ Guessing Game ☐ Casino Game Night	☐ Bingo ☐ Water Race ☐ Dingo ☐ Guessing Game ☐ Casino Game Night	☐ Bingo ☐ Water Race ☐ Dingo ☐ Guessing Game ☐ Casino Game Night

18. Will the organization be conducting raffles? ☐ Raffle (24/7)
Will raffles be conducted in person and/or online? ☐ In person ☐ Online
(Attach a copy of agreement signed by Licensed Distributor)

19. Will the organization be conducting paper pull tabs, tip/punch boards or sports themed tip boards? ☐ PPT

20. Will the organization be conducting electronic pull tabs? If so, how many machines are in your facility? ☐ EPT

☐ 3 EPT Machines (*Occupancy 0-99*) ☐ 5 EPT Machines (*Occupancy 100-250*) ☐ 7 EPT Machines (*Occupancy 251 and above*)

Only qualifying veteran and fraternal organizations may conduct electronic pull tabs.

Organization legal name	*Charity Gaming license number*

DISTRIBUTOR INFORMATION

21. List the distributor(s) that are currently licensed with the charity gaming division from whom you intend to purchase licensed supplies including gaming equipment/devices.

Name of Distributor(s)	Items

22. List gaming equipment that is owned or leased. If leased or donated, **attach a copy of the agreement.**

Distributor/Lessor/Donor/Grandfathered	Type of gaming equipment/device	Indicate which applies
		☐ own ☐ leased/donated
		☐ own ☐ leased/donated
		☐ own ☐ leased/donated

GAMING FACILITY INFORMATION

23. a. Is the facility **OWNED** by the organization applying? ☐ Yes ☐ No

b. Is the facility **LEASED/RENTED** or **DONATED** to the organization applying? ☐ Yes ☐ No

- **A copy of the signed agreement MUST be attached.**

24. Name of facility where gaming activity(s) will be conducted.	25. Telephone number

26. Address of facility *(number and street required)*	27. City	28. ZIP Code

FINANCIAL INFORMATION

Name of the person maintaining the charity gaming financial records.
The person listed must be a member of the organization (at least 60 days) and must be an operator listed on Schedule A.

29. Name *(full legal name)*	30. Email address

31. Name of facility where the gaming financial records will be maintained.

32. Address *(number and street)*	33. City	34. State	35. ZIP Code

ORGANIZATION'S SEPARATE AND SEGREGATED CHARITY GAMING CHECKING ACCOUNT INFORMATION

36. Name of bank

37. Name of separate and segregated charity gaming checking account	38. Account number

Organization legal name	*Charity Gaming license number*

OPERATOR, WORKER, BARTENDER INFORMATION

39. Do any of the proposed Operators, Workers, and Bartenders listed on Schedules A, B, and C have a felony conviction within the past ten (10) years? ☐ Yes ☐ No

If any of the proposed Operators and Workers listed on Schedules A, B and C have a felony conviction within the past ten (10) years, they must be removed. Failure to do so could result in fines, penalties or incomplete application.

40. **Schedule A**, operator list, must be attached for all activities.
Is Schedule A attached? ☐ Yes ☐ No

41. **Schedule B**, worker list, may be used for members with limited gaming responsibilities.
Is Schedule B attached? ☐ Yes ☐ No

42. **Schedule C**, **Non-Member Paid Bartender** List, may be required for a "Raffle", "PPT" and "EPT"
Is Schedule C attached? ☐ Yes ☐ No

43. Will the Organization be using **Non-Member Participants** to help conduct an activity? ☐ Yes ☐ No
The CG-NPA must be attached for approval, is the form CG-NPA attached? ☐ Yes ☐ No

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 Organizations Presiding Officer	Signature of Organizations Secretary
Printed name	Printed name
Date (month, day, year)	Date *(month, day, year)*

The first Annual Activity License fee due will be $50, going forward your fee will be based on the adjusted gross income from the annual activities, please refer to AL-FGR. The license fee should be paid from the organization's separate and segregated charity gaming checking account. You may use a check, cashier's check, money order, etc, to pay the license fees from another account if needed. Please make sure your chosen form of payment is fully completed. If a check, money order, or other payment arrives incomplete, we will need to return it, which will delay the review of your application until the correct payment is received.

Please mail forms and checks to:

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

Questions? Email: CharityGaming@igc.in.gov
Telephone (317) 232-4646

CG-AL, Application for Annual Activity License Instructions

Organization Information Section:

Line 3: Enter the organization's Charity Gaming license number. This number is assigned when your organization has completed the qualification application. Please visit our website (https://www.in.gov/igc/charity-gaming/qualifiedorganizationswithcurrentlicenses/) and search for your organization's information.

Activity Information Section:

Lines 17-20: Select **ALL** gaming activities that will be conducted during this license period.

NOTE: Casino Game Night (CGN) activities and EPT's – **ONLY** veterans and fraternal organizations may apply for this type of activity. If your organization is not a veterans or fraternal organization, the Casino Game Night and EPT option will not be processed.

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

Lines 21: 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 and items in this section.

Lines 22: List gaming equipment that is owned or leased. If leased or donated, **attach a copy of the agreement**.

Facility Information Section: Where will gaming activities be conducted.

Line 23: Indicate if this facility is owned, leased, rented, or donated to the organization for gaming purposes.

Lines 24-28: Provide the facility name, full address, county location and daytime telephone number

Financial Information Section:

Lines 29-30: 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 31-35: Enter the location where the charity gaming records will be maintained.

Lines 36-38: List the name and address of the Indiana bank – where the separate and segregated bank account is located. Enter the name and account number of the separate and segregated charity gaming checking account

Operator, Worker and Bartender Information:

Line 39: 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 40: Schedule A, Operator list must be completed and attached. Only 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 41: Schedule B, Worker list must be completed and attached. Only individuals who have been a member for at least thirty (30) days will assist in conducting gaming activities.

Line 42: Schedule C, Non-Member Paid Bartenders be completed and attached. Individuals may assist with conducting raffles, selling PPT, and limited EPT operations ***ONLY***.

NOTE: If the organization has member bartenders that have been members for at least 60 days those individuals should be listed on Schedule A as operators. As members these individuals will be allowed to conduct or help conduct gaming activities at the facility.

Line 43: Non-Member Participants – a qualified organization may borrow members of another qualified organization to assist in conducting charity gaming activities.

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.

Please be sure to fill out the Organizations legal name and license number on the top of pages 2 and 3 of the application.