



# CG-AL, APPLICATION FOR ANNUAL ACTIVITY LICENSE

State Form 56728 (R / 1-24)  
INDIANA GAMING COMMISSION  
Approved by State Board of Accounts, 2024

For office use only

Reviewed by \_\_\_\_\_  
Date Reviewed \_\_\_\_\_  
Date Completed \_\_\_\_\_

**Renewing applicants:** Please have post marked by the 10<sup>th</sup> 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 may be sent in via Mail, Fax or Email, all fees will need to be mailed in with accordance to IC 4-32.3-6.

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 email address		

## ACTIVITY INFORMATION

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

- Bingo  
 Casino Game Night  
 Water Race  
 Guessing Game  
 Raffle (24/7)  
 PPT (24/7)

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

22. Are you adding any NEW activities to your license?  
 Yes  No

23. Which activity(s) is NEW \_\_\_\_\_

24. On which days of the week and during what hours will your activities be conducted? (Indicate Bingo, Casino Game Night, Water Race, Guessing Game as the TYPE in the space provided) Note: **Casino Game Night must be between the hours of 12:01 am and 11:59 pm.**

Day \_\_\_\_\_  
Hours \_\_\_\_\_ M to \_\_\_\_\_ M  
Type \_\_\_\_\_

Day \_\_\_\_\_  
Hours \_\_\_\_\_ M to \_\_\_\_\_ M  
Type \_\_\_\_\_

Day \_\_\_\_\_  
Hours \_\_\_\_\_ M to \_\_\_\_\_ M  
Type \_\_\_\_\_

## DISTRIBUTOR INFORMATION

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

25. Name of Distributor	26. Address (number and street)	27. City	28. State	29. ZIP Code	30. Items

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

Organization legal name	Federal Identification Number (FID/EIN)	CG license number
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32. Name of Distributor	33. Date of purchase (month, day, year)	34. Purchase price	35. Type of equipment/device

**GAMING EQUIPMENT AND TANGIBLE PERSONAL PROPERTY INFORMATION**

36. Is any gaming equipment and/or devices being leased or donated to your organization for these activities? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Note: Gaming equipment and/or devices must originate from a licensed distributor.</b>			
37. Name of lessor/donor (full legal name)		38. Daytime telephone number ( )	
39. Address (number and street)	40. City	41. State	42. ZIP Code
43. Is any tangible personal property (such as tables, chairs, etc.) being leased/rented or donated to your organization for these activities? <input type="checkbox"/> Yes <input type="checkbox"/> No			
44. Name of lessor/donor (full legal name)		45. Daytime telephone number ( )	
46. Address (number and street)	47. City	48. State	49. ZIP Code

**FACILITY LEASED/DONATED PROPERTY INFORMATION**

50. Name of facility where gaming activity(s) will be conducted.		51. Address of facility where gaming activity(s) will be conducted. (number and street; required)		
52. City	53. State	54. ZIP Code	55. County	56. Daytime telephone number ( )
57. a. Is the facility listed in line 50 owned by the organization applying? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Is the facility listed in line 50 leased/rented to the organization applying? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES Attach a copy of the <b>lease</b> or <b>rental</b> agreement. c. Is the facility listed in line 50 donated to the organization applying? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES Attach a copy of the written <b>donation</b> statement.				
58. Name of lessor/donor (full legal name)			59. Daytime telephone number ( )	
60. Address (number and street)	61. City	62. State	63. ZIP Code	

**FINANCIAL INFORMATION**

64. Name of facility where the gaming financial records will be maintained?		65. Address (number and street)		
66. City		67. State		68. ZIP Code
Name, address and telephone number of the person maintaining the charity gaming financial records. <b>The person listed must be a member of the organization (at least 60 days) and must be an operator listed on Schedule A.</b>				
69. Name (full legal name)			70. Address (number and street)	
71. City	72. State	73. ZIP Code	74. Daytime telephone number ( )	

Organization legal name	Federal Identification Number (FID/EIN)	CG license number
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**ORGANIZATION'S SEPARATE AND SEGREGATED CHARITY GAMING CHECKING ACCOUNT INFORMATION**

75. Name of bank		76. Address (number and street)	
77. City	78. State	79. ZIP Code	80. Daytime telephone number ( )
81. Name of separate and segregated charity gaming checking account		82. Account number	

**OPERATOR, WORKER, BARTENDER INFORMATION**

83. Do any of the proposed Operators, Workers, and/or Bartenders listed on Schedules A, B, C and/or Form CG-NPA have a felony conviction within the past ten (10) years?  Yes  No  
*If yes, those individual(s) cannot be involved in any manner with the organization's gaming activities and MUST be removed from Schedules A, B, C and Form CG-NPA.*

84 a. Schedule A, Operator List, must be attached for all activities selected on page 1, line 21. Is Schedule A attached?  Yes  No

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 ( ) \_\_\_\_\_

c. Schedule B, Worker List, may be attached for all activities selected on page 1, line 21.  
 Is Schedule B Member attached?  Yes  No  
 Is Schedule B Employee attached?  Yes  No

d. Will the Organization be using Non-Member Participants to help conduct an activity?  Yes  No  
 Is Form CG-NPA attached?  Yes  No

e. Schedule C, **nonmember Paid Bartender** List, may be required for a "Raffle" or "PPT" activity selected on page 1, line 21. Is Schedule C attached?  Yes  No

85. VETERANS ORGANIZATION: License applying for <input type="checkbox"/> ONE YEAR <input type="checkbox"/> THREE YEARS	86. CIVIC ORGANIZATION: License applying for <input type="checkbox"/> ONE YEAR <input type="checkbox"/> TWO YEARS
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87. Have you held an Annual Activity License in the last three (3) years?  Yes  No

*If yes, the license fee is based on the adjusted gross income from the annual activity license. If no, the Annual 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 of Presiding Officer	Title	Printed name of Secretary	
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  
 Email: [CharityGaming@igc.in.gov](mailto:CharityGaming@igc.in.gov)  
 Telephone (317) 232-4646 Fax (317) 232-0117  
 Page 3 of 5  
 CG-AL

# CG-AL, Application for Annual 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.)

**NOTE:** Casino Game Night activities – veterans and fraternal organizations ONLY may apply for this type of activity. If your organization is not a veterans or fraternal organization, the Casino Game Night option will not be processed. Except for certain Civic Organizations.

Lines 22-23: Of the activities selected are any NEW for your organization? Have you added activities that were not on your last annual activity license?

Line 24: Indicate the day of the week and the time frame the gaming activity will be conducted. The type must be entered under the specified day and time frame:

Day <u>Sunday</u>	Day <u>Tuesday</u>	Day <u>Friday</u>
Hours <u>6:00</u> PM to <u>1:00</u> AM	Hours <u>4:00</u> PM to <u>8:00</u> PM	Hours <u>12:01</u> AM to <u>11:59</u> PM
Type <u>Bingo</u>	Type <u>Guessing Game</u>	Type <u>Casino Game Night</u>

**NOTE:** Casino Game Night must be conducted within a calendar day between 12:01 AM to 11:59 PM.

**NOTE:** Raffle and PPT activity selections will allow the organization to conduct raffles, drawings and sell pull tabs, punch boards and tip boards at the facility listed on the license twenty-four (24) hours a day, seven (7) days a week. Do not select a day and time frame for these activities.

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

Lines 25 – 30: Licensed supplies include bingo supplies, bingo display boards, bingo blower, pull tabs, punch boards, tip boards, raffle boards, sports themed tip boards, wheels, etc. List all the distributors information in this section along with the items listed in line 30.

Lines 31 -35: Does the organization own any gaming equipment/devices. If you answered YES, complete lines 32-35. If your organizations gaming equipment/devices are registered with the Indiana Gaming Commission, mark grandfathered in line 32 and list those items in line 35.

## Gaming Equipment and Tangible Personal Property Information Section:

Lines 36 – 42: 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 43 – 49: Provide information about any tangible personal property (tables, chairs, 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 50 – 56: Provide the facility name, full address, county location and daytime telephone number.

Line 57: Indicate if this facility is owned, leased, rented, or donated to the organization for gaming purposes.

**NOTE:** A copy of the lease/rental agreement or written donation statement must be attached and cover the entire license period being requested.

Email: [CharityGaming@igc.in.gov](mailto:CharityGaming@igc.in.gov)  
Telephone (317) 232-4646 Fax (317) 232-0117

Lines 58 – 63: 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 64 - 68: Enter the location where the charity gaming records will be maintained.

Lines 69 – 74: 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 75 – 80: List the name and address of the Indiana bank – where the separate and segregated bank account is located.

Lines 81 – 82: Enter the name and account number of the separate and segregated charity gaming checking account.

## Operator, Worker and Bartender Information:

Line 83: 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 84 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 84 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 84 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 84 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.

Line 84 e: Non-member Paid Bartenders must be listed on Schedule C and they may assist with conducting raffle and selling PPT, 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 85: VETERANS Organizations may apply for the regular One Year license or a Three-Year Veterans license. **NOTE:** The Three-Year Veterans license still requires annual financial reporting and license fees paid on the anniversary date of the license.

Line 86: CIVIC Organizations may apply for the regular One Year license. Certain CIVIC Organizations may apply for a Two-Year license. **NOTE:** The Two-Year Civic license still requires annual financial reporting and license fees paid on the anniversary date of the license.

## 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.