



<i>Organization legal name</i>		<i>CG license number</i>	
<b>DISTRIBUTOR INFORMATION</b>			
23. 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		Items	
<b>GAMING EQUIPMENT</b> <i>If leased or donated, attach a copy of the agreement.</i>			
Distributor/Lessor/Donor	Type of equipment/device	Indicated owned, leased or donated	
		<input type="checkbox"/> own <input type="checkbox"/> leased/donated	
		<input type="checkbox"/> own <input type="checkbox"/> leased/donated	
		<input type="checkbox"/> own <input type="checkbox"/> leased/donated	
		<input type="checkbox"/> own <input type="checkbox"/> leased/donated	
<b>GAMING FACILITY INFORMATION</b> <b>Leased or donated facilities; attach a copy of the lease, rental, or donation agreement.</b>			
24. a. Is the facility <b>OWNED</b> by the organization applying?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Is the facility <b>LEASED/RENTED</b> or <b>DONATED</b> to the organization applying?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Name of facility where gaming activity(s) will be conducted.		30. Telephone number (    )	
26. Address of facility ( <i>number and street; required</i> )		32. City	33. State    34. ZIP Code
<b>FINANCIAL INFORMATION</b>			
Name 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>			
27. Name ( <i>full legal name</i> )		28. Email	
29. Name of facility where the gaming financial records will be maintained?			
30. Address ( <i>number and street</i> )		31. City	32. State    33. ZIP Code
<b>ORGANIZATION'S SEPARATE AND SEGREGATED CHARITY GAMING CHECKING ACCOUNT INFORMATION</b>			
34. Name of bank			
35. Name of separate and segregated charity gaming checking account		36. Account number	

Questions: [CharityGaming@igc.in.gov](mailto:CharityGaming@igc.in.gov)

Telephone (317) 232-4646

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CG-AL

Organization legal name	CG license number
<b>OPERATOR, WORKER, BARTENDER INFORMATION</b>	
<b>If 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, they must be removed. Failure to do so could result in fines, penalties or incomplete application.</b>	
<p>37 a. <b>Schedule A</b>, operator list, must be attached for all activities.          Is Schedule A attached?                    <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>b. <b>Schedule B</b>, worker list, may be used for members with limited gaming responsibilities.          Is Schedule B attached?                    <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>c. Will the Organization be using <b>Non-Member Participants</b> to help conduct an activity?                    <input type="checkbox"/> Yes   <input type="checkbox"/> No          The CG-NPA must be attached for approval, is the form CG-NPA attached?                    <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>d. <b>Schedule C, Non-Member Paid Bartender</b> List, may be required for a “Raffle”, “PPT” and “EPT”          Is Schedule C attached?                    <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	
<p>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 All license fees should be paid from the separate and segregated charity gaming bank account made payable to Indiana Gaming Commission.</p>	
<p>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.</p>	
Signature of Organizations Presiding Officer	Signature of Organizations Secretary
Printed name of Organizations Presiding Officer	Printed name of Organizations Secretary
Date (month, day, year)	Date (month, day, year)

**Mail forms and checks to:  
 Indiana Gaming Commission / Charity Gaming Division  
 101 West Washington Street, East Tower, Suite 1600  
 Indianapolis, Indiana 46204**

IGC only:  Reviewed: _____  Date: _____
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## CG-AL, Application for Annual Activity License Instructions

### Organization Information Section:

Line 4: Enter the Organizations activity license number. This was assigned with your organization's 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?

Lines 19-22: 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 or EPT options will not be processed.

### Operator, Worker and Bartender Information:

Line 37 a: 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 37 b: 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 37 c: Non-Member participants – a license organization may borrow members of another qualified organization to assist in conducting charity gaming activities.

Line 37 d: 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.

### 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 pages 2 and 3 of the application**

### Contact Us:

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](mailto:CharityGaming@igc.in.gov)

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