CG-AL, APPLICATION FOR ANNUAL ACTIVITY LICENSE

State Form 56728 (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 *(if renewing)*	18. Type(s) of gaming activities ☐ Bingo ☐ Casino Game Night ☐ Water Race ☐ Guessing Game ☐ Raffle

19a. Is this a Civic Organization applying for a two (2) year Casino Game Night? ☐ Yes ☐ No – *See instructions.*
19b. Is this a Veterans Organization applying for a three (3) year Veterans? ☐ Yes ☐ No – *See instructions.*

20. 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.

Day _____ Hours _____ _M to _____ _ M / Day _____ Hours _____ _ M to ____ _ M / Day _____ Hours _____ __ M to ____ __ M

Type: _____ / Type: _____ / Type: _____

FACILITY and TANGIBLE PERSONAL PROPERTY INFORMATION

21. Name of the facility where the gaming activities will be conducted			
22. Address of the facility where the gaming activities will be conducted (*number and street; required*)			
23. City	24. State INDIANA	25. ZIP Code	26. County

27. Is the facility listed in line 21 owned by the organization applying? ☐ Yes ☐ No *If yes, go to 35.*

28a. Is the facility listed in line 21 leased/rented to the organization applying? ☐ Yes ☐ No – *See instructions.*
28b. Is the facility listed in line 21 donated to the organization applying? ☐ Yes ☐ No – *See instructions.*

29. Name of lessor/donor (*full legal name*)		30. Daytime telephone number ( )	
31. Address (*number and street*)	32. City	33. State	34. ZIP Code

35. 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.

36. Name of lessor/donor (*full legal name*)		37. Daytime telephone number ( )	
38. Address (*number and street*)	39. City	40. State	41. ZIP code

E-mail: CharityGaming@igc.in.gov Telephone: (317) 232-4646 Fax: (317) 232-0117

Organization legal name	Federal Identification Number (FID)	License Number

DISTRIBUTOR INFORMATION

42. 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.

43. Name of distributor	44. Address *(number and street)*	45. City	46. State	47. ZIP code	48. Items

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

50. Name of distributor	51. Date of purchase *(month, day, year)*	52. Purchase price	53. Type of equipment / device

FINANCIAL INFORMATION

Where will the charity gaming financial records be maintained?

54. Address (*number and street*)

55. City	56. State	57. ZIP Code

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

58. Name	59. Daytime telephone number ( )

60. Address (*number and street*)	61. City	62. State	63. ZIP Code

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

64. Name of bank

65. Address (*number and street*)

66. City	67. State	68. ZIP Code

69. Name of separate and segregated charity gaming checking account	**70. Account number**

Organization legal name	Federal Identification Number (FID)	License Number

71. 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

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

72b. 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

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

BARTENDER INFORMATION

74. A Bartender listing, Schedule C, must be attached for a "Raffle" activity selected on page 1.
Is Schedule C attached? ☐ Yes ☐ No

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.

75. Signature of Presiding Officer		76. 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-AL, Application for Annual 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 18: Select the types of gaming activities applying for.
NOTE: Casino Game Night activities - veteran 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 activity will not be processed. With the exception of certain civic organizations.

Line 19a: Civic Organizations only: Please indicate if your civic organization is applying for the two (2) year civic casino game night activity license.

Line 19b: Veteran Organizations Only: Please indicate if your veteran organization is applying for the three (3) year veteran activity license.

Line 20: You must 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. Example:

Day SUN Hours 6:00 PM to1:00 AM / Day FRI Hours 12:01 A M to 11:59 P M / Day _____ Hours _____ __ M to _____ __ M
Type: Bingo / Type: Casino Game Night / Type: _____

NOTE: A casino game night hours must be within a calendar day between 12:01AM to 11:59PM.

NOTE: The raffle activity selection will allow the organization to conduct raffles, drawings and sell pull tabs, punchboards and tip boards at the facility twenty-four (24) hours a day, seven (7) days a week. Do not select a day and time frame for this type.

Facility Information Section

Line 28a and b: Indicate if the facility is being leased/rented or donated, complete Lines 29 through 34. Note: A copy of your lease/rental agreement will need to be attached to your financial report if claiming rent paid.

Line 35: 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 36 through 41 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 43- 47: List the distributor's information in this section along with the items listed in Box 48. **Licensed supplies include** bingo supplies, bingo flash boards, bingo blower, pull tabs, punchboards, tip boards, raffle boards, roulette wheels, etc.

Line 49: If you answered yes, complete Lines 50 through 53.

Financial Information Section

Lines 54 – 57: Requires the location where the charity gaming financial records will be maintained.

Line 58: *NOTE*: the person maintaining the charity gaming records must be listed as an operator on Schedule A.

Lines 69 and 70: Enter the name and account number of the separate and segregated charity gaming checking account.

Operator Information Section

Line 72a. 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 73. 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.

Bartender Information Section:

Line 74. Schedule C will be used list those individuals who are full time – part time paid bartenders for your organization when selecting "Raffle" on page 1, line 18. If Raffle was not selected, this schedule will not be used.

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.