Reset Form

CG-EN, APPLICATION FOR EXEMPT EVENT NOTIFICATION

State Form 51413 (R / 9-26)
INDIANA GAMING COMMISSION

For office use only
Reviewed by _____
Date _____

Please allow 14 business days for processing. Incomplete applications will not be processed.
Organizations must be in good standing with the IRS and the Indiana Department of Revenue.

1. Organization legal name	3. Has your organization completed the qualification process with our division? **If not, please submit the CG-QA.** If yes, answer below.
2. Federal Identification Number (FID/EIN)	Charity Gaming license number: _____

4. Address of principal office *(number and street required)*	5. City	6. ZIP Code
7. Mailing address *(if different)*	8. City	9. ZIP Code

10. Organization daytime telephone number	11. Organization email address
12. Contact person's legal name	13. Contact person's telephone number
14. Contact person's email address	

ACTIVITY INFORMATION

15. What date and during what hours will the activity be conducted?

Date of Activity: _____

Start Time: _____ ☐ AM ☐ PM

End Time: _____ ☐ AM ☐ PM

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

☐ Bingo ☐ Dingo ☐ Casino Game Night
☐ Water Race ☐ Guessing Game ☐ Pull tabs, Punch boards, Tip boards
☐ Raffle *(please answer the question below)* ☐ Festival *(see instructions)*

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

☐ In person ☐ Online – **A COPY OF THE AGREEMENT SIGNED BY THE LICENSED DISTRIBUTOR MUST BE ATTACHED.**

17. Name and address of the facility where the gaming activities will be conducted *(must include number and street)*

18. City:	19. ZIP Code:	20. County:

21. List **at least three (3) operators** who will supervise, manage and be responsible for the operation of the gaming activity. Select **one (1) principal operator** to have overall responsibility for the operation and control of the charity gaming activity.

Full legal name of the Principal Operator	Full legal name	Full legal name

22. What is the total retail value of all prizes to be awarded at this exempt (EN) activity listed above? (Not to exceed $2,500 – see instructions) $ _____	23. Enter the total retail value of all prizes awarded so far at **ALL previously held exempt (EN) activity** within the same calendar year. $ _____

24. Does your organization own or intend to purchase "licensed supplies" (bingo paper, pull tabs, tip boards, punch boards, etc.) or gaming equipment (bingo blowers, wheels, etc.)? **If yes, list the name of the distributor:** _____

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:	Printed name:
Date *(month, day, year)*	Date *(month, day, year)*

FOR INDIANA GAMING COMMISSION USE ONLY

Signature of Charity Gaming Program Coordinator	Date *(month, day, year)*	**NOTIFICATION ON FILE**

Please email the form to: CharityGaming@igc.in.gov Telephone: (317) 232-4646

CG-EN, Exempt Event Notification Instructions

If information cannot be verified, the Commission may request supporting documentation. Incomplete applications will not be processed.

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: What activities does the organization want to conduct?

Line 15: Indicate the date (month, day and year) and the time frame (begin and end) the gaming activity will be conducted.

Line 16: Select ALL gaming activities that will be conducted during this license period.

If more than one of the following (Bingo, Dingo, Casino Game Night, Water Race, Guessing Game) is selected, it is considered as Festival.

Facility Information Section: Where will gaming activities be conducted.

Lines 17-20: Provide the facility name, full address, and county location.

Operator Information Section:

Line 21: List three (3) individual's full legal name who will take on the role as operators for the activity. Operators will supervise, manage and be responsible for the operation of the gaming activity. Only members as defined in the organization's by-laws or articles of incorporation may volunteer to conduct or assist in conducting your charity gaming activities.

Prize Payout Information Section:

Line 22-23: Prize payouts for an exempt activity are limited to $2,500 per calendar day (box 22) or $7,500 for a calendar year (box 23). Payouts include all cash and/or merchandise, even if donated. The organization must track and keep all financial records from each exempt activity.

Distributor Information Section:

Lines 24: 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 the distributors' name.

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.