



CG-CCA, CANDIDATE COMMITTEE APPLICATION

State Form 53655 (R6 / 10-22)
INDIANA GAMING COMMISSION

For office use only
Reviewed by _____
Date Reviewed _____
Date Completed _____

Please allow 30 business days for processing. Incomplete applications will not be processed.

1. Organization legal name <i>(Please type or print)</i>		2. Doing Business As (DBA)		
3. Federal Identification Number (FID/EIN)		4. Charity Gaming (CG) license number		
5. Address of principal office <i>(number and street required)</i>		6. City	7. State	8. ZIP Code
10. Mailing address <i>(if different)</i>		11. City	12. State	13. ZIP Code
9. County	14. County			
15. Organization daytime telephone number ()	16. Fax number ()		17. Organization e-mail address	
18. Contact person's name		19. Contact person's fax number ()		20. Contact person's e-mail address
21. On what date and during what hours will your activity be conducted? Date _____ Hours _____ M to _____ M			22. Total value of prizes to be awarded:\$ _____	
23. Name and address of the facility where the gaming activities will be conducted <i>(number and street)</i>				
24. City		25. State	26. ZIP Code	27. County

OPERATOR INFORMATION

28. Full legal name	29. Home address <i>(street, city, and zip code)</i>	30. Date of birth <i>(month, day, year)</i>	31. Daytime telephone number

32. Have any operators listed above or on any attachments been convicted of a felony with in the last 10 years in any jurisdiction? Except for arrests which have been sealed or convictions that have been expunged by a court. 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 of 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 Candidate		Signature of Committee Secretary	
Printed Name & Title		Printed Name	
Date <i>(month, day, year)</i>	Daytime telephone number ()	Date <i>(month, day, year)</i>	Daytime telephone number ()

License Fee Information: The license fee for your first event is \$50.00. However, if the total value of all prizes is two thousand five hundred dollars (\$2,500) or less, no fee is due. All subsequent license fees will be based on the adjusted gross receipts from the last event of the same type. You will find this license fee amount in the Indiana Charity Gaming Single Event Financial Report, Form CG-SL FR.

CG-CCA, Candidate Committee, Instructions

Candidates Committee may only conduct raffle drawings. Attach a copy of the candidate's **Form CFA-1** filed with the Secretary of State's Election Division. If no fee is due, you may email or fax your application.

Mail completed form and applicable fee to:
Indiana Gaming Commission / Charity Gaming Division
101 West Washington Street, East Tower, Suite 1600
Indianapolis, IN 46204