



# CG-NPA, NON-MEMBER PARTICIPATION APPROVAL

State Form 53656 (R3 / 10-22)  
INDIANA GAMING COMMISSION

For office use only

Reviewed by \_\_\_\_\_

Date Reviewed \_\_\_\_\_

Date Completed \_\_\_\_\_

Please allow 21 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. Licensed 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 e-mail address		
18. Contact person's name	19. Contact person's telephone number ( )	20. Contact person's e-mail address		
21. Type of licensed gaming activity <input type="checkbox"/> Annual <input type="checkbox"/> Single <input type="checkbox"/> Festival	22. Date of activity (mm/dd/yyyy) ____ / ____ / ____	23. CG reference number (if assigned)		

24. Will proceeds from the allowable event be shared with Non-Members' qualified organization?  Yes  No  
 If yes, list amount of proceeds from this gaming activity that will be distributed to the Non-Members' organization: \$ \_\_\_\_\_ % \_\_\_\_\_

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 ( )	

### ORGANIZATION INFORMATION WHERE PARTICIPANT(S) IS A CURRENT MEMBER

25. Organization legal name where Participant is currently a member		26. Federal Identification Number (FID / EIN)	27. CG license number		
28. Organization daytime telephone number ( )	29. Fax number ( )	30. Organization e-mail address			
31. Address of principal office (number & street required)	32. City	33. State	34. ZIP Code	35. County	

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 <i>(month, day, year)</i>	Daytime telephone number ( )	Date <i>(month, day, year)</i>	Daytime telephone number ( )
Licensed organization legal name		Federal Identification Number (FID/EIN)	CG license number
<b>PARTICIPANT(S) INFORMATION</b>			
Full Legal Name of Non-Member	Date of Birth	Driver's License Number	Participant's Signature

**INSTRUCTIONS:**

Licensed Organization (Organization conducting the gaming activity) must complete Lines 1 – 23 including the Certification Section.

**The licensed organization may share proceeds with the participant(s) organization. All proceeds distributed from the licensed organization must be deposited into the participant(s) organizations separate and segregated charity gaming checking account.**

Organization where participant(s) is a current member must complete Lines 25 – 35 including the Certification Section.

Additional forms must be completed for each different organization providing members to help Licensed Organization conduct an event.

Non-Member Participant(s) must provide Full Legal Name, Date of Birth, Driver's License Number or Indiana State Identification Number and Participant's Signature on page 2.

**Certification Section:**

The Presiding Officer of the organizations (e.g., the highest-ranking official, President, Chairman or CEO) and Secretary of the organizations must sign attesting to the accuracy of the information provided.

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