



CG-VTA, VOLUNTEER TICKET AGENT

State Form 54742 (R / 8-19)

INDIANA GAMING COMMISSION

For office use only

Reviewed by: _____

Date Reviewed: _____

1. Organization's legal name		2. Organization's E-mail address	
5. Organization's address (number and street; required)		6. P.O. Box Number (if applicable)	
7. City	8. State	9. ZIP Code	10. County
10. Organization's telephone number ()		12. Organization's fax number ()	
13. Contact person's name		14. Contact person's telephone ()	15. Contact person's E-mail address
16. Name of Retail Establishment		17. Retail Establishment telephone number ()	
18. Address (number and street)	19. City	20. State	21. ZIP code
23. Name of General Manager		24. General Manager's telephone number ()	25. Ticket numbers for this establishment _____
26. Name of employee who sold tickets	Home address of employee (number and street, city, state, and ZIP code)		Telephone of employee
Certification: We certify under the penalties for perjury that all of the information submitted in this form 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.			
27. Signature of Presiding Officer		28. Signature of Secretary	
Printed Name / Title		Printed Name	
Date (month, day, year)	Daytime telephone number ()	Date (month, day, year)	Daytime telephone number ()

Instructions

CG-VTA, Volunteer Ticket Agent

An organization who obtains a single activity license or festival license and utilizes Volunteer Ticket Agents (VTAs) is required to file this form with their Single Activity Financial Report (CG-SL FR) within ten (10) days of the end of the activity. A separate form (CG-VTA) is required for each retail establishment utilized to sell tickets or entries.

Before using VTAs to sell tickets/entries to an allowable activity, a qualified organization must provide a list containing the name, address and telephone number of each retail establishment whose employees will serve as volunteer ticket agents and the name of the general manager of each establishment.

After tickets/entries to the allowable activity are sold, the qualified organization must provide to the commission the name, address and telephone number of each employee who served as a volunteer ticket agent.

In box 25, list the starting and ending sequential numbers of the tickets sold by each specific retail establishment.

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