

**CG-VTA VOLUNTEER TICKET AGENT**State Form 54742 (R2 / 10-22)
INDIANA GAMING COMMISSION**For office use only**

Reviewed by: _____

Date reviewed: _____

1. Organization's 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 and 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 email address			
18. Contact person's name		19. Contact person's telephone number ()		20. Contact person's email address			
21. Name of retail establishment			22. Address of retail establishment (number and street)				
23. City		24. State	25. ZIP Code	26. County	27. Retail establishment telephone number ()		
28. Name of General Manager	29. General Manager's telephone number ()		30. General Manager's email address		31. Ticket numbers assigned to this establishment _____		
Legal name of employee who sold tickets		Telephone number of employee ()		Email address of employee			
Legal name of employee who sold tickets		Telephone number of employee ()		Email address of employee			
Legal name of employee who sold tickets		Telephone number of employee ()		Email address of employee			
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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 Presiding Officer				Signature of Secretary			
Printed name and title				Printed name			
Date (month, day, year)		Daytime telephone number ()		Date (month, day, year)		Daytime telephone number ()	

