For Official Use Only							
Date Received							
Reviewed By							
Date Reviewed							

SECTION A: INSTRUCTIONS / TO BE COMPLETD BY ALL APPLICANTS									
• ALLOW TWENTY-ONE (21) BUS • IF INFORMATION CANNOT BE • FAILURE TO COMPLY MAY RES	SINESS DAYS FOR PI VERIFIED THE COM	ROCESSING. IMISSION MAY	Y REQUEST	SUPPOF			LICAL	V15	
IF THE ORGANIZATION IS A CANDIDATE'S COMMITTEE AS DEFINED BY IC 3-5-2-7, USE FORM CG-CCA, "CANDIDATE'S COMMITTEE APPLICATION."									
Organization's name (please type or print) Federal Id						Federal Ide	lentification number (FID):		
Address of principal office (number and street; required)					I	P.O. Box Number (if applicable)			
City	tate	ZIP code		County			ail address (organization or contact)		
Organization daytime telephone nu	time telephone number Please include extension number				Org	Organization fax number			
Contact person's name and title	·		Contact pe	erson's d	aytime telephon	e number	Ple	ase include extension number	
SECTION D	: QUALIFICATIO	N INFODMA	TION / TO) DE C	MDI ETED D	VEIDCT	TIME	ADDI ICANTS	
Federal Identification Number (FII		N INFORMA	IIION / IC	J BE CO	501(c) Status (IF NO	O FID OR 501(c) STATUS-STOP, rganization is unable to become fied at this time per IC 4-32.2-2-24.	
FOR CIVIC, EDUCATION, FRATERNAL, RELIGIOUS, SENIOR CITIZENS, VETERANS ORGANIZATIONS <i>ONLY</i> : IF UNDER THREE (3) YEARS EXISTENCE-STOP, the organization unable to example qualified at this time.								TENCE-STOP, the organization is e to become qualified at this time per	
							IC 4-	32.2-2-24.	
Indicate what type of Bona Fide organization is applying ☐ Business ☐ Civic ☐ Educational ☐ Fraternal ☐ Political ☐ Religious ☐ Senior Citizens ☐ Veterans									
☐ State Educational Institution (defined by IC 21-7-13-13-32) ☐ Hospital licensed under IC 16-21, Health Facility licensed under IC 16-28, or Psychiatric Facility licensed under IC 12-25.									
Date the organization was formed (mm/dd/yyyy):									
Number of members (must be a membership organization):									
FOR ALL ORGANIZATIONS Is the organization affiliated with a National or Indiana State parent organization?									
If yes, provide the National or Indiana State organization name and address: Name:									
Address (number and street, city, state, and ZIP code):									
How many years has this parent organization been in active continuous existence?									
Provide the Parent Federal Identification Number (FID)(if applicable):									
SECTION C: OFFICERS TO BE COMPLETED BY ALL FIRST TIME APPLICANTS AND ALREADY QUALIFIED APPLICANTS THAT HAVE CHANGES OR NEW OFFICERS									
Provide the following information of all current officers as defined in your By-Laws: (Attach additional sheets if needed.)									
Officer's full legal name	Ti	itle	(nı	umber ai	Home address ad street, city, st		ode)	Home telephone number	

SECTION D: EXEMPT EVENT NOTIFICATION							
EVENT TYPE:							
Indicate the type of exempt event b	peing conducted (check only o	one box):					
☐ Bingo ☐ Chari ☐ Festival ☐ Raffle	ty Game Night	☐ Door Prize ☐ Water Race	☐ Guessing Game				
EVENT DATE: Indicate the Date of the Exempt Ev NOTE: If there are multiple event of		times, addresses, etc for each event da	ite.				
EVENT ADDRESS: Name and address of the facility w	here the event will be conduc	cted(number and street, city, state, and 2	ZIP code):				
EVENT HOURS: Provide the beginning and end time (*Note: "_M" means A.M. or P.M.		/_M through tht hour, P.M. establishes the noon hour.	/				
EVENT OPERATORS: Provide the full name of each indiv	vidual who will be an Operato	or at this event (attach additional sheet	as needed):				
EVENT PRIZE VALUE: The retail value of all prizes at the exempt event including prizes from pull tabs, punchboards and tip boards must not exceed \$1,000.00 for a single event and not more than \$3,000.00 during a calendar year. What is the total retail value of all prizes to be awarded at this exempt event listed above? \$							
_		•					
		reviously held gaming events within the	e same calendar year? \$				
EVENT GAMING EQUIPMENT DEVICES/LICENSED SUPPLIES: Note – all licensed supplies must be purchased from a distributor licensed by the Indiana Gaming Commission.							
Does your organization own or intend to purchase gaming equipment (examples: bingo blowers, bingo boards, wheels, etc)?							
If yes, list the distributor(s) name(s	s):						
Does your organization intend to p	ourchase "Licensed Supplies"	'(examples: bingo paper, pull tabs, tip	boards, punch boards, etc)? Yes No				
If yes, list the distributor(s) name(s):							
CERTIFICATION: We certify under the information may lead to the revocation of determined by the Commission through	or denial of charitable gaming		rm is true and that providing false n status, a civil penalty, or other sanction as				
Signature of Presiding Officer	Print name	Title	Date (month, day, year)				
Signature of Secretary	Print name	Title	Date (month, day, year)				
	SECTION E: APPROVA	L OR DENIAL OF APPLICATION/E	VENT				
	FOR INDIANA GAMI	NG COMMISSION USE ONLY					
Signature of Charity Gaming Program (Coordinator		(Stamp here)				
Date (month, day, year)		d form or fow to (247) 222 0447.					

Mail the completed form or fax to (317) 232-0117:
Indiana Gaming Commission, Charity Gaming Division, 101 West Washington Street, East Tower, Suite 1600, Indianapolis, Indiana 46204