

Indiana Code 4-32.3

Effective July 1, 2019



FORMS

Forms, forms, forms, forms

- **Over 30 forms were eliminated in this process**
- **Sixteen (16) new forms were created**
- **Sixteen (16) forms were revised**
- **Three (3) forms were untouched (ESR, DWM-ESR and CO)**
- **Instructions are included in all forms**
- **Financial forms are logical and easy to understand and follow**

Form name changes

- **CG-Annual License Financial Report, CG-AL FR**
 - Formerly known as the CG-8
- **CG-Annual License Gross Receipts Report, CG-AL GR**
 - Formerly known as the CG-21
- **CG-Single License Financial Report, CG-SL FR**
 - Formerly known as the CG-9
- **CG-Single License Gross Receipts Report, CG-SLGR**
 - Formerly known as the CG-22
- **CG-Annual Affiliate Financial Report, CG-AAL FR**
 - Formerly known as the CG-30
- **CG-Annual Affiliate Event Summary Report, CG-AN ESR**
 - Formerly known as the CG-32
- **CG- Annual Affiliate License Application, CG-AAL**
 - Formerly known as the CG-ACL

New form names

- **CG- Annual License Application, CG-AL**
- **CG-Single License Application, CG-SL**
- **CG-Convention Raffle Application, CG-CVN**
- **CG-Expedited Review Application, CG-EXP**
- **CG- Schedule A**
- **CG-Schedule B**
- **CG-Schedule C**

Annual and Single Application activity information

Annual Application:

- **18. What kind of activities?**
- **19a and 19b. License exceptions.**
- **20. Days of week, hours and type of activity.**

ACTIVITY INFORMATION	
17. License Number (if renewing)	18. Type(s) of gaming activities: <input type="checkbox"/> Bingo <input type="checkbox"/> Casino Game Night <input type="checkbox"/> Water Race <input type="checkbox"/> Guessing Game <input type="checkbox"/> Raffle
19a. Is this a Civic Organization applying for a two (2) year Casino Game Night <input type="checkbox"/> Yes <input type="checkbox"/> No – see instructions	
19b. Is this a Veterans Organization applying for a three (3) year Veterans <input type="checkbox"/> Yes <input type="checkbox"/> No – see instructions	
20. On which days of the week and during what hours will your activities be conducted? Indicate Bingo, Casino Game Night, Water Race, Guessing Game as the Type in the space provided.	
Day ____ Hours ____ _M to ____ _M / Day ____ Hours ____ _M to ____ _M / Day ____ Hours ____ _M to ____ _M	
Type: _____ / Type: _____ / Type: _____	

ACTIVITY INFORMATION	
17. License Number (see instructions)	18. Type(s) of gaming activities: <input type="checkbox"/> Bingo <input type="checkbox"/> Casino Game Night <input type="checkbox"/> Water Race <input type="checkbox"/> Guessing Game <input type="checkbox"/> Raffle
19. On what date and during what hours will your activity be conducted?	
Date ____/____/____ Hours ____:____ _M to ____:____ _M	

Single Application:

- **18. What kind of activity?**
- **19. Date and time of the activity.**

Financial Reports

Organization Name: _____			
INCOME AND EXPENSE SUMMARY			
Gross Income*			
Income Sources		Dollars	Cents
Bingo	1		
Pull Tabs	2		
Punchboards	3		
Tip Boards	4		
Casino Night	5		
Raffle/Drawings (50/50, door prize, Commander, DWM, Etc.)	6		
Water Race	7		
Guessing Game	8		
Total Gross Income (add lines 1-8)	9		
Prizes/Expenses *			
Prize/Payouts		Dollars	Cents
Bingo	10		
Pull Tabs	11		
Punchboards	12		
Tip Boards	13		
Casino Night	14		

Door prizes are recorded
under raffle line.



Prizes and Expenses

Clipboard Font Paragraph Styles			
	1	2	3
	Guessing Game	8	
	Total Gross Income <i>(add lines 1-8)</i>	9	
	Prizes/Expenses *		
	Prize/Payouts		Dollars Cents
	Bingo	10	
	Pull Tabs	11	
	Punchboards	12	
	Tip Boards	13	
	Casino Night	14	
	Raffle/Drawings (50/50, door prize, Commander, DWM, Etc.)	15	
	Water Race	16	
	Guessing Game	17	
	Subtotal Prize/Payout <i>(Add lines 10-17)</i>	18	
	Supplies, Equipment and Facility Expenses*		
	Bingo Expenses; <i>Paper, Cards, Equipment, etc...</i>	19	
	Pull Tabs, Tip Boards, Punchboards	20	
	Casino Expenses; <i>Cards, Wheels, Dice etc...</i>	21	
	Raffle/Door Prize Expense; <i>Tickets, Drum, Raffle Boards, etc...</i>	22	
	Water Race/Guessing Game; <i>Rubber Ducks, Frogs etc...</i>	23	
	Facility Rental Expense; <i>Rent paid maximum \$200 per Day</i>	24	

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Supplies, Equipment and Facility Expenses

Guessing Game	17		
Subtotal Prize/Payout (Add lines 10-17)	18		
Supplies, Equipment and Facility Expenses*			
Bingo Expenses; Paper, Cards, Equipment, etc...	19		
Pull Tabs, Tip Boards, Punchboards	20		
Casino Expenses; Cards, Wheels, Dice etc...	21		
Raffle/Door Prize Expense; Tickets, Drum, Raffle Boards, etc...	22		
Water Race/Guessing Game; Rubber Ducks, Frogs etc...	23		
Facility Rental Expense; Rent paid maximum \$200 per Day	24		
License Fee Expense	25		
Advertising Expenses; Related to this gaming activity.	26		
Subtotal Expenses (add lines 19-26)	27		
Total Expense			
Subtotal Prize Payouts (from line 18)	28		
Subtotal Expenses (from line 27)	29		
Total Expenses (add lines 28 and 29)	30		
Net Income*			
Gross Income (figure from Line 9)	31		
Total Expenses (figure from Line 30)	32		
Total Gaming Income (subtract line 32 from line 31);	33		

Financial forms are easy to follow and understand

Contributions and Fee Determination

CHARITABLE CONTRIBUTIONS INFORMATION <i>(These amounts must have been earned from your Charity Gaming proceeds.)</i>						
Net Gaming Income from line 33 of the Income and Expense Summary				34		
Amount of Line 34 Distributed/Donated for Charitable Purposes <i>Charitable Contribution Distribution List (CG-DIST) must be attached.</i>	34a					
Amount of Line 34 Retained/Spent on your Organization	34b					
Add the amounts in Lines 34a and 34b and enter total here				35		
Undistributed Balance (Line 34 minus Line 35)				36		

Schedule 1	
Next License Fee Calculation	
Enter the Total Gross Income from Line 9 (pg. 2)	1
Deduct Rent Expenses from Line 24 (Pg. 2)	2
Subtract Line 2 from Line 1 to determine your Adjusted Gross Income Total.	3
Find the amount shown in 3 (above) on the Chart below. Enter the Corresponding fee here	4



LICENSE FEE SCHEDULE

Adjusted Gross Incomes								
At Least		But Less Than	Fee		At Least		But Less Than	Fee
\$ 00		\$ 15,000	\$ 50		\$ 1,500,000		\$ 1,750,000	\$ 15,000
\$ 15,000		\$ 25,000	\$ 100		\$ 1,750,000		\$ 2,000,000	\$ 17,000
\$ 25,000		\$ 50,000	\$ 300		\$ 2,000,000		\$ 2,250,000	\$ 19,000
\$ 50,000		\$ 75,000	\$ 400		\$ 2,250,000		\$ 2,500,000	\$ 21,000
\$ 75,000		\$ 100,000	\$ 700		\$ 2,500,000		\$ 2,750,000	\$ 23,000
\$ 100,000		\$ 150,000	\$ 1,000		\$ 2,750,000		\$ 3,000,000	\$ 25,000
\$ 150,000		\$ 200,000	\$ 1,500		\$ 3,000,000		\$ 3,250,000	\$ 27,000
\$ 200,000		\$ 250,000	\$ 1,800		\$ 3,250,000		\$ 3,500,000	\$ 29,000
\$ 250,000		\$ 300,000	\$ 2,500		\$ 3,500,000		\$ 3,750,000	\$ 31,000
\$ 300,000		\$ 400,000	\$ 3,250		\$ 3,750,000		\$ 4,000,000	\$ 33,000
\$ 400,000		\$ 500,000	\$ 5,000		\$ 4,000,000		\$ 4,250,000	\$ 35,000
\$ 500,000		\$ 750,000	\$ 6,750		\$ 4,250,000		\$ 4,500,000	\$ 37,000
\$ 750,000		\$ 1,000,000	\$ 9,000		\$ 4,500,000		\$ 4,750,000	\$ 39,000
\$ 1,000,000		\$ 1,250,000	\$ 11,000		\$ 4,750,000		\$ 5,000,000	\$ 41,000
\$ 1,250,000		\$ 1,500,000	\$ 13,000					

Schedules A, B, C.

OPERATOR INFORMATION		
72a. An Operator listing, Schedule A, must be attached for all activities selected on page 1. Is Schedule <u>A</u> attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	A	

72b. List the name from Schedule A of the Principal Operator who has overall responsibility for the operation and control of the charity gaming activity. Name: _____ Daytime Telephone # ()		
WORKER INFORMATION		B
73. A Worker listing, Schedule B, must be attached for all activities selected on page 1. Is Schedule B attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		
BARTENDER INFORMATION		C
74. A Bartender listing, Schedule C, must be attached for a "Raffle" activity selected on page 1. Is Schedule C attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		



CG-SCHEDULE A, OPERATOR ATTACHMENT

State Form

INDIANA GAMING COMMISSION

For office use only

Reviewed by: _____

Date reviewed: _____

Organization legal name	FID#	Activity License #
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Do any of the proposed Operators, listed on this Schedule have a Felony Conviction within the past ten (10) years?

☐ Yes ☐ No *If yes, those individual(s) cannot be involved with the organization's gaming activities in any manner and MUST be removed from this Schedule.*

Operator Information - Please list the legal name of those individuals who have been a **member** of your organization for at least sixty (60) days and who will supervise, manage, and be responsible for the operation and conduct of the gaming event. Please list at least three (3) members in this section. Attach additional copies as needed. All areas must be completed.

First Name	MI	Last Name	Date of Birth (mm/dd/yyyy)	Driver's License or State I.D.
Complete Home Address (no P.O. Box #'s)			Home Telephone # ()	Date Joined Organization (mm/dd/yyyy)

First Name	MI	Last Name	Date of Birth (mm/dd/yyyy)	Driver's License or State I.D.
Complete Home Address (no P.O. Box #'s)			Home Telephone # ()	Date Joined Organization (mm/dd/yyyy)



First Name	MI	Last Name	Date of Birth (mm/dd/yyyy)	Driver's License or State I.D.
Complete Home Address (no P.O. Box #'s)			Home Telephone #	Date Joined Organization (mm/dd/yyyy)

Schedule A, Operators

Felony convictions no longer require a list of convictions. The individuals simply cannot be involved in the operations of any gaming activity.



CG-SCHEDULE B, WORKER ATTACHMENT

State Form

INDIANA GAMING COMMISSION

For office use only

Reviewed by: _____

Date reviewed: _____

Organization legal name	FID#	Activity License #
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Do any of the proposed Workers, listed on this Schedule have a Felony Conviction within the past ten (10) years?

☐ Yes ☐ No *If yes, those individual(s) cannot be involved with the organization's gaming activities in any manner and MUST be removed from this Schedule.*

Member Worker Information - Please list the legal name of those individuals who have been a member of your organization for at least thirty (30) days and will assist in conducting the gaming event. Attach additional copies as needed.

First Name	MI	Last Name	Date of Birth (mm/dd/yyyy)	Driver's License or State I.D.
Complete Home Address (no P.O. Box #'s)			Home Telephone # ()	Date Joined Organization (mm/dd/yyyy)

First Name	MI	Last Name	Date of Birth (mm/dd/yyyy)	Driver's License or State I.D.
Complete Home Address (no P.O. Box #'s)			Home Telephone #	Date Joined Organization (mm/dd/yyyy)

Schedule B, Workers

Workers can only assist with the operation of the activity. They cannot conduct the activity or determine the winner of the activity.



CG-SCHEDULE C, BARTENDER ATTACHMENT

State Form
INDIANA GAMING COMMISSION

For office use only

Reviewed by: _____

Date reviewed: _____

Organization legal name	FID#	Activity License #
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Do any of the proposed Bartenders, listed on this Schedule have a Felony Conviction within the past ten (10) years?

☐ Yes ☐ No *If yes, those individual(s) cannot be involved with the organization's gaming activities in any manner and MUST be removed from this Schedule.*

Bartender Information – Use only with the CG-AL License Application. Please list the legal name of those individuals who are full time –part time paid bartenders for your organization when selecting “Raffle” on page 1, line 18 of the CG-AL. Attach additional copies as needed.

First Name	MI	Last Name	Date of Birth (mm/dd/yyyy)	Driver's License or State I.D.	
Complete Home Address (no P.O. Box #'s)			Home Telephone # ()	Date Hired (mm/dd/yyyy)	Full Time <input type="radio"/> Part Time <input type="radio"/>
First Name	MI	Last Name	Date of Birth (mm/dd/yyyy)	Driver's License or State I.D.	
Complete Home Address (no P.O. Box #'s)			Home Telephone # ()	Date Hired (mm/dd/yyyy)	Full Time <input type="radio"/> Part Time <input type="radio"/>
First Name	MI	Last Name	Date of Birth (mm/dd/yyyy)	Driver's License or State I.D.	
Complete Home Address (no P.O. Box #'s)			Home Telephone # ()	Date Hired (mm/dd/yyyy)	Full Time <input type="radio"/> Part Time <input type="radio"/>
First Name	MI	Last Name	Date of Birth (mm/dd/yyyy)	Driver's License or State I.D.	
Complete Home Address (no P.O. Box #'s)			Home Telephone # ()	Date Hired (mm/dd/yyyy)	Full Time <input type="radio"/> Part Time <input type="radio"/>
First Name	MI	Last Name	Date of Birth (mm/dd/yyyy)	Driver's License or State I.D.	
Complete Home Address (no P.O. Box #'s)			Home Telephone # ()	Date Hired (mm/dd/yyyy)	Full Time <input type="radio"/> Part Time <input type="radio"/>
First Name	MI	Last Name	Date of Birth (mm/dd/yyyy)	Driver's License or State I.D.	
Complete Home Address (no P.O. Box #'s)			Home Telephone # ()	Date Hired (mm/dd/yyyy)	Full Time <input type="radio"/> Part Time <input type="radio"/>

Schedule C, Bartenders

List the full-time or part-time bartenders with the CG-AL License Application when selecting the “Raffle” endorsement.

Expedited Application Request



CG-EXP, EXPEDITED APPLICATION REQUEST

State Form 222222

INDIANA GAMING COMMISSION

For office use only

Reviewed by _____

Date Reviewed _____



1. Name of qualified organization holding the licensed event (as appears on Qualification Application)		2. Federal Identification number (FID)	
3. Address (number and street)			
4. City	5. State	6. ZIP code	7. County
8. Telephone Number ()	9. Extension	10. Organization Fax ()	11. Organization Email
12. Organization's contact person	13. Contact person telephone ()	14. Contact person email address	
EVENT INFORMATION			
15. Type of allowable event		16. License number (if approved)	
<p>As per IC 4-32.3-6-2, organizations may request that their Charity Gaming application be reviewed within ten (10) business days by paying an expedited processing fee of \$100 for first time applicants or \$100 or 10% of their renewal fee for renewing applicants (whichever is the greater). These expedited fees must accompany this Expedited Application Request. Fees associated with the expedited application must be paid via a separate check from the separate and segregated gaming account. These fees are attached to this request. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
17. Organization's expedition fee is: \$ _____		18. If this expedited application is a renewal application, our licensure renewal fee is: \$ _____	
_____ Signature of Presiding Officer		_____ Print name and title	
_____ Signature of Secretary		_____ Print name	
		_____ Date (month, day, year)	
		_____ Date (month, day, year)	

You may request that your application be reviewed within 10 working days for \$100 or 10% of your last renewal fee, whichever is greater.



CG-EN, EXEMPT ACTIVITY NOTIFICATION
Form EN-01-01
INDIANA GAMING COMMISSION

Revised by _____
Date/Revised: _____

1. Organization legal name		2. License Number		3. Federal Identification Number	
4. Organization address (number and street) required				5. P.O. Box Number (if applicable)	
6. City		7. State		8. ZIP Code	
9. Organization daytime phone number [] [] [] [] [] [] [] [] [] []				10. Organization	
11. Organization fax number [] [] [] [] [] [] [] [] [] []				12. Organization email address	
13. Organization website name and URL		14. Contact daytime phone number [] [] [] [] [] [] [] [] [] []		15. Contact email address	
16. Are you a qualified organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		17. If yes, attach a copy of your 501(c)(3) status letter		18. Does (1)(2) or (3) in name in item 10, the organization is unable to become qualified in this state.	
19. List the type of exempt activity: <input type="checkbox"/> Bingo <input type="checkbox"/> Casino Games Night <input type="checkbox"/> Winter Games <input type="checkbox"/> Classroom Games <input type="checkbox"/> Raffle <input type="checkbox"/> Festival					
20. On what date and during what hours will your activity be conducted? If multiple dates and facility locations attach additional sheet. Date _____ Hours _____ M to _____ M					
21. Name and address of the facility where the gaming activities will be conducted (number and street)					
22. City		23. State		24. ZIP Code	
25. County					
26. List at least three (3) operators who will supervise, manage and be responsible for the operation of the gaming activity.					
Full Legal Name		Full Legal Name		Full Legal Name	
27. List the name from above of the principal operator who has overall responsibility for the operation and control of this charity gaming activity					
28. What is the total retail value of all prizes to be awarded at this exempt activity listed above? \$ _____					
29. What is the total retail value of all prizes awarded so far at ALL exempt activities within the same calendar year? \$ _____					
30. Does your organization own or intend to purchase "licensed supplies" (bingo paper, pull tabs, tip boards, punch boards, etc.) or gaming equipment (bingo blowers, wheels, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No					
31. If yes, name of distributor(s)					
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 a civil penalty, or other sanctions as determined by the Commission through an administrative process.					
32. Signature of Presiding Officer			33. Signature of Secretary		
Printed Name & Title			Printed Name		
Date (month, day, year)		Daytime telephone number: () () () () () ()		Date (month, day, year)	
Daytime telephone number: () () () () () ()				Daytime telephone number: () () () () () ()	
FOR INDIANA GAMING COMMISSION USE ONLY					
Signature of Charity Gaming Program Coordinator				Date (Month, day, year)	
				NOTIFICATION ON FILE	

The Exempt Notification (EN) form has been reduced to one page.

20. On what date and during what hours will your activity be conducted? If multiple dates and facility locations attach additional sheet. Date _____ Hours _____ M to _____ M			
21. Name and address of the facility where the gaming activities will be conducted (number and street)			
22. City		23. State	
24. ZIP Code		25. County	
26. List at least three (3) operators who will supervise, manage and be responsible for the operation of the gaming activity.			
Full Legal Name		Full Legal Name	
27. List the name from above of the principal operator who has overall responsibility for the operation and control of this charity gaming activity			
28. What is the total retail value of all prizes to be awarded at this exempt activity listed above? \$ _____		29. What is the total retail value of all prizes awarded so far at ALL exempt activities within the same calendar year? \$ _____	
30. Does your organization own or intend to purchase "licensed supplies" (bingo paper, pull tabs, tip boards, punch boards, etc.) or gaming equipment (bingo blowers, wheels, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No		31. If yes, name of distributor(s)	
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 a civil penalty, or other sanctions as determined by the Commission through an administrative process.			
32. Signature of Presiding Officer		33. Signature of Secretary	
Printed Name & Title		Printed Name	
Date (month, day, year)		Date (month, day, year)	
Daytime telephone number: () () () () () ()		Daytime telephone number: () () () () () ()	
FOR INDIANA GAMING COMMISSION USE ONLY			
Signature of Charity Gaming Program Coordinator		Date (Month, day, year)	
		NOTIFICATION ON FILE	

Keys to Success

- Sign up for email notifications www.in.gov/igc
- Check your email often
- Check the Indiana Gaming Commission website for information
- Use the CharityGaming@igc.in.gov email address for questions
- Use Event Summary Reports for accurate record keeping

➤ **When in doubt, contact us**