



INDIANA SPORTS WAGERING REGISTRANT APPLICATION

State Form 56810 (R / 12-19)

INDIANA GAMING COMMISSION

For Official Use Only

License Fee Paid _____

Date Received _____

Reviewed By _____

Date Entered _____

- INSTRUCTIONS:**
1. This Form must be submitted by applicants seeking to become a Sports Wagering Registrant.
 2. An applicant for a Sports Wagering Registrant is seeking a privilege. The burden of establishing the qualifications to receive such a certificate of registration is at all times on the applicant. The applicant must accept any risk of adverse public notice, embarrassment, criticism, or other action, or financial loss which may result from action with respect to an application, or public disclosure of information requested in this form, and expressly waives any claim for damages as a result thereof. Information not called for in this form or in addition to that provided in response to this form may be requested. The applicant shall provide all information, documents, materials and certifications at the applicant's sole expense and cost.
 3. The applicant should respond to the questions contained herein to the best of his/her knowledge. Any misrepresentation or omission is grounds for application denial.
 4. The applicant is under a continuing duty to disclose promptly any changes in the information provided in the application and requested materials submitted to the Commission. The duty to make such additional disclosures shall continue throughout any period of registration granted by the Commission.
 5. Applicant must submit a non-refundable application fee of five hundred dollars (\$500) to the Commission. The Indiana Gaming Commission is unable to accept wired payments. Payments can be made via check (made out to Indiana Gaming Commission), Cashier's Check, Money Order, or Bank Draft.
 6. Mail the check and completed application to: Indiana Gaming Commission, Legal Division, 101 W. Washington Street, East Tower, Suite 1600, Indianapolis, Indiana 46204.

Complete legal name	Name of company
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Business address (number and street)

City	State/Province	ZIP / Postal code	Country	Business telephone number
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Federal Tax Identification number	State Tax Identification number (if applicable)
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Registered agent (if applicable)

Registered agent's business address (if applicable, please provide number and street)

City	State	ZIP code	Business telephone number
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E-mail address (required)

Other gaming jurisdiction(s) where licensed, registered, or conducts business

- Please attach the following exhibits:**
1. Ownership chart showing all parent, subsidiary, sister companies, or affiliates of the applicant
 2. Organizational charts for the Applicant illustrating its operations
 3. A description of the services applicant will provide along with the entities that you will provide such services

RELEASE OF ALL CLAIMS

The undersigned has filed with the Indiana Gaming Commission (“Commission”) certain forms and documents in connection with a written request for registration by the Commission (“Application”). In consideration of the assurance by the Commission, a determination of suitability of the undersigned will be made following the completion of a deliberate, intensive and thorough investigation of the undersigned, including but not limited to background, associates, and finances, the undersigned does for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the State of Indiana, the Commission, its members, agents, and employees, from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which the undersigned ever had, now has, may have, or claim to have against any or all of said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to the application.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, I have executed this release at _____,

(City)

_____, on the _____ day of _____, 20_____.

(State)

Individual’s Signature

Printed Name

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared _____ and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notarial Seal, this _____ day of _____, 20_____.

Notary Public, Written Signature

Notary Public, Printed Name

My commission expires *(month, day, year)*: _____

County of residence: _____

VERIFICATION

State of _____)
)SS
County of _____)

I, _____, being first duly sworn upon oath or affirmation, depose and state:

- 1. I am the individual who is submitting this form.
- 2. I personally supplied the information contained in this form.
- 3. I swear (or affirm) that the information contained in this form is true, complete, and accurate to the best of my knowledge and belief.

Individual's Signature: _____

Dated (month, day, year): _____

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared _____ and acknowledged the execution of the foregoing instrument at his/her voluntary act and deed.

WITNESS, my hand and Notarial Seal, this _____ day of _____, 20____.

Notary Public, Written Signature

Notary Public, Printed Name

My commission expires (month, day, year): _____

County of residence: _____