



**Application for Limited Raffle License**

**Office of Charitable Gaming**  
 P.O. Box 1631,  
 Baton Rouge, LA 70821-1631  
 (225) 925-1835 or (800) 562-9235  
 FAX (225)219-1910  
[www.ocg.louisiana.gov](http://www.ocg.louisiana.gov)

First-time Applicant     Renewal    Previous State Permit Number - \_\_\_\_\_    **PLEASE PRINT OR TYPE**

Official Name of Organization (including d/b/a)		Organization Federal Tax ID No.	Telephone No. of Organization
E-mail address of Contact Person:			Fax. No.
Physical Address/Location (Street, City, State, Zip)			Parish
Official Mailing Address of Organization (Street, City, State, Zip)			Parish
Contact Person	Title/Position Held		Office Phone of Contact Person
Mailing Address of Contact Person (Street, City, State, Zip)			Home Phone of Contact Person
Name of Building/Location Where Raffle(s) are Conducted		Owner of Building	
Physical Address of Where Raffle(s) are Conducted (Street, City, State, Zip)			Parish

**REQUIRED INFORMATION:**

- \_\_\_\_\_ Initial here if organization has a 501-C status from IRS. Attach copy.  
 \_\_\_\_\_ Initial here if organization does **NOT** have a 501-C status. Attach by-laws/articles. If Krewe, attach parade permit.
- 2a. If organization is school related (PTA, Booster Club, etc.), provide letter of permission from principal or other authorized school board agent.  
 2b. If organization is associated with a college or university club, fraternity or sorority, provide letter of permission from the president of the club, fraternity or sorority.
3. What will gaming proceeds be used for?  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Will rent be assessed for this gaming event?     Yes     No    If yes, list amount \_\_\_\_\_
5. \*A minimum of 30 days notice is required before any games are allowed.\* (For Raffles, include date and time of drawing(s) only.)
6. A \$25 Non refundable fee. Check from Organization's General Operating Account.  
 Yes     No    Is organization comprised exclusively of school-age children enrolled in public or private schools?  
 Yes     No    Will any other charitable gaming be held at the same time and place as those listed on this application?  
 Yes     No    Are prizes donated?

SCHEDULE OF GAMING DATES AND TIMES:				
MONTH	DAY	YEAR	TIME	AM/PM

Do not write below this line. For office use only.		
IRS Code:	Law / Rule Section	
Authorizing Signature	Date	License #

Previous State Permit Number - \_\_\_\_\_

**For Raffles:** Price per ticket: \_\_\_\_\_ Total number of tickets available for sale: \_\_\_\_\_

**TOTAL VALUE OF PRIZES AWARDED CAN NOT EXCEED \$10,000 TO QUALIFY FOR LIMITED RAFFLE LICENSE**

LIST DONATED AND PURCHASED PRIZES		
	Description	Value
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
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21		
22		
23		
24		
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27		
28		
29		
30		
Total value of prizes to be given away ( <i>cannot exceed \$10,000</i> )		\$

**Comments / Explanations**

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I hereby certify that, under penalty of law, all information above is true and correct to the best of my knowledge and will adhere to the required annual reporting as stated in La.R.S. 4:716 and LAC 42:I.1722.			
Signature	Date	Print Name	Title