



LOUISIANA
DEPARTMENT of REVENUE

PERSONAL HISTORY RECORD

Louisiana Department of Revenue
Office of Charitable Gaming
P.O. Box 98502
Baton Rouge, LA 70884-9502
Phone: 1-800-562-9235
www.ocg.louisiana.gov

DATE: _____

Legibly print or type each answer. If a question does not apply to you, write "N/A" If you need additional space, you may use the provided blank sheet or attach your own sheet. In either case, please precede each answer with the appropriate title.

The applicant must initial each page in the lower right corner to attest to the accuracy and completeness of the information provided on that page.

Making any false statement in this application is a violation of the L.R.S. 4:735 and is punishable by law. The failure to reveal requested information is sufficient cause for the denial or revocation of a license.

Charitable Gaming License Number

Name and address of person or business for which license is requested

Your position with business

1. PERSONAL INFORMATION:

Last Name		First Name		Middle Name	
Alias (es. Nicknames, Maiden Name, Other name Changes, Legal or Otherwise)					
Present Business Address		Since (Date)	City-Post Office Box	State	Zip
Present Business Address		Since (Date)	City-Post Office Box	State	Zip
Occupation		Phone (Residence)		Phone (Business)	
Date of Birth		Place of Birth (City, Parish, State)			
Age	Social Security Number			Sex	
Color of Eyes	Color of Hair	Weight		Height	
Scars, tattoos, or distinguishing marks and/or characteristics:					
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Alien, Registration No.		
If Naturalized, Certificate No.			Date		
Place (If naturalized, document must be verified.)					

Applicant's Initials: _____

B. Brothers and Sisters::

List names, residence addresses, and dates of birth of brothers and sisters and of their respective spouses.

Name (Including Maiden Name)	Birth Date	Address	Social Security # (Required)
Spouse			
Spouse			
Spouse			
Spouse			

3. ARRESTS, DETENTIONS, AND LITIGATIONS:

A. Have you ever been arrested, charged, indicted, or summoned to answer for any criminal offense or violation for which you were later convicted? (Except MINOR traffic citations.) If yes, give details below.

☐ Yes ☐ No

B. Have you ever been arrested, charged, indicted, or summoned to answer for any criminal offense or violation related to gambling, theft, embezzlement, or fraud regardless of the disposition of the case? If so, give details in space provided below.

☐ Yes ☐ No

Date of Arrest	Age	Charge	Location-City and State	Disposition	Arresting Agency

C. Have you ever been subpoenaed to appear or testify before a federal, state, or county grand jury, board, or commission?

☐ Yes ☐ No

D. Have you ever received a pardon for any criminal offense? ☐ Yes ☐ No

If yes, when? _____ City, Parish, and State _____

If the answer to any of the above questions (A through D) is yes, furnish details:

Applicant's Initials: _____

5. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment in the past seven years or since age 18, whichever is less. Also, list all corporations, partnerships, or any other business ventures with which you have been associated as an officer, director, stockholder possessing 5% or more ownership interest, or related capacity.

Month and Year		Name/Mailing Address of Employer/Business	Reason for Leaving
From	To		
Title		Description of Duties	Name of Supervisor
			Gaming Present? <input type="checkbox"/> Yes <input type="checkbox"/> No

Month and Year		Name/Mailing Address of Employer/Business	Reason for Leaving
From	To		
Title		Description of Duties	Name of Supervisor
			Gaming Present? <input type="checkbox"/> Yes <input type="checkbox"/> No

Month and Year		Name/Mailing Address of Employer/Business	Reason for Leaving
From	To		
Title		Description of Duties	Name of Supervisor
			Gaming Present? <input type="checkbox"/> Yes <input type="checkbox"/> No

Month and Year		Name/Mailing Address of Employer/Business	Reason for Leaving
From	To		
Title		Description of Duties	Name of Supervisor
			Gaming Present? <input type="checkbox"/> Yes <input type="checkbox"/> No

Month and Year		Name/Mailing Address of Employer/Business	Reason for Leaving
From	To		
Title		Description of Duties	Name of Supervisor
			Gaming Present? <input type="checkbox"/> Yes <input type="checkbox"/> No

Month and Year		Name/Mailing Address of Employer/Business	Reason for Leaving
From	To		
Title		Description of Duties	Name of Supervisor
			Gaming Present? <input type="checkbox"/> Yes <input type="checkbox"/> No

Month and Year		Name/Mailing Address of Employer/Business	Reason for Leaving
From	To		
Title		Description of Duties	Name of Supervisor
			Gaming Present? <input type="checkbox"/> Yes <input type="checkbox"/> No

If additional space is needed, continue on Page 7 or provide attachment.

Applicant's Initials: _____

6. CHARACTER REFERENCES:

List five character references who have known you five years or more. Do not include relatives, present employer, or employees.

Name	Street	City	State	Zip	Home Telephone	Years Known

7. Have you ever held a financial interest in a gambling venture, including a race track, dog track, lottery, casino, bookmaking operation, or a pari-mutual operation?

☐ Yes ☐ No

If yes, state when and where and give names and locations of the businesses in which you were involved and the names and addresses of all partners:

A. Have you appeared before any licensing agency or similar authority in or outside the State of Louisiana, for any reason whatsoever? If yes, submit details below and continue on Page 7.

☐ Yes ☐ No

8. Have you ever been refused a charitable gaming license or related finding of suitability or been a participant in any group which has been denied a charitable gaming license or related finding of suitability?

☐ Yes ☐ No

For selling alcoholic beverages?

☐ Yes ☐ No

If yes to either of the above, state where, when, and for what reason.

9. Have you ever been granted a charitable gaming license or been a participant in any group which has been issued a charitable gaming license by the State of Louisiana?

☐ Yes ☐ No

If yes, state type of license, name of establishment, location, and period held.

Applicant's Initials: _____

10. List all memberships within the last five years you have held in any social or charitable organization eligible for a Louisiana charitable gaming license

Date (From-To)	Organization Name and Address	Type of Organization
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

11. Do you have any relatives associated with or employed in the charitable gaming industry?

☐ Yes ☐ No

If yes, state name, relation, and association or employment.

ATTACH PHOTOGRAPH TAKEN WITHIN LAST 30 DAYS HERE

Date of Photo

Applicant's Initials:

ADDITIONAL INFORMATION

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

I, _____, have read the foregoing application and know the contents and statements contained within this application are true and correct and contain a full and true account of the requested information. I have executed this statement voluntarily with the knowledge that failure to reveal requested information is sufficient cause for denial or revocation of a license, and the making of any false statement is a violation of LA.R.S. 4:735 punishable by law.

Date

Signature of Applicant