



License Yr. Ending 6/30/20 \_\_\_\_\_

## Application to Conduct Charitable Gaming

ORIGINAL APPLICATION  
 RENEWAL

Please type or print information:

State License Number - G \_\_\_\_\_

Official Name of Organization	Organization Federal Tax ID No.	Telephone No. of Organization (      )
Organization Doing Business As (if applicable) and/or Organization Web Site	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 (      )
Circle All Types of Games to be Conducted:    BINGO    KENO    RAFFLES    PULL TABS    ELECTRONIC VIDEO BINGO    CASINO NIGHT		

The following information will be considered part of the application and must accompany this application before it can be processed:

**ALL APPLICANTS:**

1. Information sheets for **ALL** officials and directors (pages 2 and 2a) and members assisting in gaming (page 3).
2. Schedule of dates and times of events (Attach Location/Session Schedule(s)...see page 4).
3. **NON-REFUNDABLE LICENSE APPLICATION FEE OF \$75** issued from the gaming account.
4. Casino Night and Super Bingo – must complete appropriate additional forms: ocg209 or ocg2000E. See web site for forms.
5. A separate, complete roster of **all** officers and directors and a separate roster of all members must be submitted with the application.

**NEW APPLICANTS ONLY:**

6. Copy of organization's 501(C) tax exempt letter from the Internal Revenue Service (IRS); if covered by a group ruling, submit copy of verification and approval for gaming activities from national office of the organization.
7. Copy of the organization's Articles of Incorporation, By-Laws, and Charter, if applicable.
8. Copy of organization's registration with the Secretary of State, if applicable.
9. Five members must attend an Office of Charitable Gaming training session prior to approval of license and it is recommended that individuals acting in the following positions are present: Members-in-Charge, President, person(s) responsible for reports and any person(s) acting in a managerial capacity. Training dates are listed on our web site.
10. Copy of most recent IRS form 990, financial statements, last 6 months of bank statements and a summary of fund-raising activities for the last 2 years.

**All information must be filled out completely. Any omission or illegible information will cause delay in approval. Attach requested supporting documents from the above list.**

I have read the foregoing application, and the contents thereof, and do hereby certify that the statements and information contained within this application are true and correct to the best of my knowledge. In addition, I have read, understand, and agree to comply with the statutes which govern charitable gaming in the State of Louisiana contained within La.R.S. 4:701 <i>et seq.</i> as well as the corresponding regulations contained within LAC 42:1.1701 <i>et seq.</i>			
Member in Charge (print)	Day phone number	Member in Charge (Signature)	Date (must match notary date)
President of Organization (print)	Day phone number	President of Organization (Signature)	Date (must match notary date)
<p><b>Sworn to and subscribed before me this _____ Day of _____,</b></p> <p style="text-align: right; margin-right: 100px;">_____</p> <p style="text-align: center; margin-right: 100px;"><b>NOTARY PUBLIC</b></p>			

-DO NOT WRITE BELOW THIS LINE-

Check Number: \_\_\_\_\_  
 Receipt Number: **C-** \_\_\_\_\_  
 Date Entered: \_\_\_\_\_  
 Initials: \_\_\_\_\_

APPROVED  
 DENIED  
 Approved By \_\_\_\_\_

IRS CODE: \_\_\_\_\_  
 Law/Rule Section: \_\_\_\_\_  
 Date: \_\_\_\_\_