



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.
6. Non-commercial Lessors only: Copy of trade name registered with the Secretary of State (www.sos.louisiana.gov).

NEW APPLICANTS ONLY:

7. 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.
8. Copy of the organization's Articles of Incorporation, By-Laws, and Charter, if applicable.
9. Copy of organization's registration with the Secretary of State, if applicable.
10. 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.
11. 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>Sworn to and subscribed before me this _____ Day of _____,</p> <p style="text-align: right; margin-right: 100px;">_____</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">NOTARY PUBLIC</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: _____



Organization Official's Information Sheet

STATE LICENSE NUMBER: G-_____ ORGANIZATION NAME: _____

OFFICIAL SIGNATURE OF EXISTING OFFICER: X _____

- 1 Anyone listed on this form will be considered an MIC (Member-In-Charge). At least one MIC must be present at all games, as provided by LA R.S. 4:714(D).
- 2 The Social Security number is required and it is kept confidential.
- 3 Any changes in officers, directors, gaming management or members must be filed with the Office of Charitable Gaming **within ten (10) days** of the change as provided in LA R.S. 4:718 (E).
- 4 The signature of a current official listed with the Office must be in the space provided above.
- 5 The second and additional set of revisions to your license must be accompanied by a \$25 check, made payable to "Office of Charitable Gaming" and written on the gaming account. A set is any number of changes to your license sent in together and at the same time. (*Ex: if you mail or fax in forms for a paper change, adding officials, and modifying a date on your license all together, only one \$25 fee is charged..*)

Please check the purpose of this revision: <input type="checkbox"/> Change Position <input type="checkbox"/> New Official <input type="checkbox"/> Inactivate <input type="checkbox"/> Renew			Social Security Number (Required)			Date of Birth		
Last Name, First Name, Middle Initial						Phone Number(s): (Include Area Code)		
Complete Home Address (Street, City, State, Zip)						Alternate Phone Number:		
Current Position(s) Held. Circle all that apply.								
President	Vice President	Secretary	Member-In-Charge	Treasurer	Director/Board Member	Other Officer (Specify)		
Have you ever been convicted, pled guilty, pled nolo contendere or failed to answer to charges of any criminal violation of any federal state, county/parish, or local law or ordinance other than misdemeanor traffic violations? If yes, provide an attached explanation. <input type="checkbox"/> Yes <input type="checkbox"/> No								
I declare that I have read, understand, and agree to comply with the statutes which govern charitable gaming in the State of Louisiana contained within L.A.R.S. 4:701 <i>et seq</i> as well as the corresponding regulations contained within LAC 42:1.1701 <i>et seq</i> .								
Signature (officials to be deleted from your organization do not have to sign)						Date		
X								

Please check the purpose of this revision: <input type="checkbox"/> Change Position <input type="checkbox"/> New Official <input type="checkbox"/> Inactivate <input type="checkbox"/> Renew			Social Security Number (Required)			Date of Birth		
Last Name, First Name, Middle Initial						Phone Number(s): (Include Area Code)		
Complete Home Address (Street, City, State, Zip)						Alternate Phone Number:		
Current Position(s) Held. Circle all that apply.								
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Signature (officials to be deleted from your organization do not have to sign)						Date		
X								

STATE LICENSE NUMBER: G-_____ ORGANIZATION NAME: _____

OFFICIAL SIGNATURE OF EXISTING OFFICER: X _____

Please check the purpose of this revision: <input type="checkbox"/> Change Position <input type="checkbox"/> New Official <input type="checkbox"/> Inactivate <input type="checkbox"/> Renew				Social Security Number (Required)		Date of Birth	
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Complete Home Address (Street, City, State, Zip)					Alternate Phone Number:		
Current Position(s) Held. Circle all that apply.							
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Have you ever been convicted, pled guilty, pled nolo contendere or failed to answer to charges of any criminal violation of any federal state, county/parish, or local law or ordinance other than misdemeanor traffic violations? If yes, provide an attached explanation. <input type="checkbox"/> Yes <input type="checkbox"/> No							
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Signature (officials to be deleted from your organization do not have to sign)					Date		
X							

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President	Vice President	Secretary	Member-In-Charge	Treasurer	Director/Board Member	Other Officer (Specify)	
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Signature (officials to be deleted from your organization do not have to sign)					Date		
X							



Office of Charitable Gaming
PO BOX 98502, Baton Rouge, LA 70884-9502
(225) 925-1835 or (800) 562-9235 FAX (225) 219-1910
www.ocg.louisiana.gov

Organization Members Assisting In Gaming Information Sheet

STATE LICENSE NUMBER: G- _____ ORGANIZATION NAME: _____

OFFICIAL SIGNATURE OF EXISTING OFFICER: X _____

1. Any changes in members assisting in Gaming must be filed with the Office of Charitable Gaming within ten (10) days of the change.
2. **DO NOT** include any officials you listed on the "Organization Officials Information Sheet" (Page 2).
3. You may request, in writing, a list of current members that are on file for your organization. The office highly recommends requesting this list to assure your records, as well as the office's, are accurate.
4. The Social Security number is required and it is kept confidential. If you do not provide it, that member **can not** work games of chance.

Name (Last, First, MI) <i>Please Print</i>		Home Address (Street, City, State, and Zip)	
Social Security Number (required)	Date of Birth	Please check the appropriate action: <input type="checkbox"/> Add <input type="checkbox"/> Inactivate <input type="checkbox"/> Renew	

Name (Last, First, MI) <i>Please Print</i>		Home Address (Street, City, State, and Zip)	
Social Security Number (required)	Date of Birth	Please check the appropriate action: <input type="checkbox"/> Add <input type="checkbox"/> Inactivate <input type="checkbox"/> Renew	

Name (Last, First, MI) <i>Please Print</i>		Home Address (Street, City, State, and Zip)	
Social Security Number (required)	Date of Birth	Please check the appropriate action: <input type="checkbox"/> Add <input type="checkbox"/> Inactivate <input type="checkbox"/> Renew	

Name (Last, First, MI) <i>Please Print</i>		Home Address (Street, City, State, and Zip)	
Social Security Number (required)	Date of Birth	Please check the appropriate action: <input type="checkbox"/> Add <input type="checkbox"/> Inactivate <input type="checkbox"/> Renew	

Name (Last, First, MI) <i>Please Print</i>		Home Address (Street, City, State, and Zip)	
Social Security Number (required)	Date of Birth	Please check the appropriate action: <input type="checkbox"/> Add <input type="checkbox"/> Inactivate <input type="checkbox"/> Renew	

Name (Last, First, MI) <i>Please Print</i>		Home Address (Street, City, State, and Zip)	
Social Security Number (required)	Date of Birth	Please check the appropriate action: <input type="checkbox"/> Add <input type="checkbox"/> Inactivate <input type="checkbox"/> Renew	

Name (Last, First, MI) <i>Please Print</i>		Home Address (Street, City, State, and Zip)	
Social Security Number (required)	Date of Birth	Please check the appropriate action: <input type="checkbox"/> Add <input type="checkbox"/> Inactivate <input type="checkbox"/> Renew	

Name (Last, First, MI) <i>Please Print</i>		Home Address (Street, City, State, and Zip)	
Social Security Number (required)	Date of Birth	Please check the appropriate action: <input type="checkbox"/> Add <input type="checkbox"/> Inactivate <input type="checkbox"/> Renew	

Please Note:

**This application is not complete without the Session
Schedule.**

The Session Schedule is listed separately on the web site.