Louisiana Department of Revenue
Office of Charitable Gaming
PO BOX 98502, Baton Rouge, LA 70884-9502
(225) 925-1835 or (800) 562-9235 FAX (225) 925-7069

Application to Conduct Charitable Gaming

☐ ORIGINAL APPLICATION ☐ RENEWAL

Please type or print information: State License Number G#_____

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

Check 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 gaming workers…pages 2 and 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.**
4. ☐ Check here if Organization owns building and will be leasing out to other Organizations for games of chance.
5. ☐ Check here if Organization does **NOT** possess any gaming supplies.

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 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.
9. Member-in-Charge, President, and person responsible for reports are required to attend an Office of Charitable Gaming training session prior to approval of license.
10. Assigned fixed value (sale price) of all bingo paper the organization intends to use at time of application (see attached form).

All information must be filled out completely. Any omission or illegible information may be cause for 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 *et seq.* as well as the corresponding regulations contained within LAC 42:1.1701 *et seq.*

Member in Charge (print)	Day phone number	Member in Charge (Signature)	Date
President of Organization (print)	Day phone number	President of Organization (Signature)	Date

Sworn to and subscribed before me this _____ Day of _____, _____

_____
NOTARY PUBLIC

-DO NOT WRITE BELOW THIS LINE-

Check Number: _____
Receipt Number: _____ ☐ APPROVED IRS CODE: _____
Date Entered:_____ ☐ DENIED Law/Rule Section:_____
Initials: _____ Approved By _____ Date: _____

Revised 3/04

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Organization Official Information Sheet

STATE LICENSE NUMBER: G-_____ ORGANIZATION NAME: _____

OFFICIAL SIGNATURE OF EXISTING OFFICER: X_____

Please use the following codes for "Position Held":
(P) President (VP) Vice President (S) Secretary (MIC) Member-In-Charge (T) Treasurer (D) Director

- Any changes in officers, directors, or gaming management must be filed with the Office of Charitable Gaming within ten (10) days of the change.
- This form must be signed by a current official listed with the Office in the space provided above.
- List at least one official as Member-In-Charge (MIC) and as many alternate members-in-charge to assure at least one MIC is present at all games as provided by LA.R.S. 4:714(D).
- A $25 check, made payable to "Office of Charitable Gaming", must accompany the second and additional set of revisions to your license. 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: ☐ Change Position ☐ New Official ☐ Delete Official ☐ Renewal		Social Security Number	
Last Name, First Name, Middle Initial			Date of Birth
Complete Home Address (Street, City, State, Zip)			
Position Held:	Member-in-Charge? ☐ Yes ☐ No	Phone Number(s): ( ) - Alternate: ( ) -	
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 LA.R.S. 4:701 *et seq* as well as the corresponding regulations contained within LAC 42:1.1701 *et seq.* 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. ☐ Yes ☐ No			
Signature (officials to be deleted from your organization do not have to sign) X			Date

Please check the purpose of this revision: ☐ Change Position ☐ New Official ☐ Delete Official ☐ Renewal		Social Security Number	
Last Name, First Name, Middle Initial			Date of Birth
Complete Home Address (Street, City, State, Zip)			
Position Held:	Member-in-Charge? ☐ Yes ☐ No	Phone Number(s): ( ) - Alternate: ( ) -	
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 LA.R.S. 4:701 *et seq* as well as the corresponding regulations contained within LAC 42:1.1701 *et seq.* 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. ☐ Yes ☐ No			
Signature (officials to be deleted from your organization do not have to sign) X			Date

Revised 3/04

STATE LICENSE NUMBER: G-_____ ORGANIZATION NAME: _____

OFFICIAL SIGNATURE OF EXISTING OFFICER: X_____

Please check the purpose of this revision: ☐ Change Position ☐ New Official ☐ Delete Official ☐ Renewal		Social Security Number
Last Name, First Name, Middle Initial		Date of Birth
Complete Home Address (Street, City, State, Zip)		
Position Held:	Member-in-Charge? ☐ Yes ☐ No	Phone Number(s): ( ) - Alternate: ( ) -
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 LA.R.S. 4:701 *et seq* as well as the corresponding regulations contained within LAC 42:1.1701 *et seq.* 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. ☐ Yes ☐ No		
Signature (officials to be deleted from your organization do not have to sign) X		Date

Please check the purpose of this revision: ☐ Change Position ☐ New Official ☐ Delete Official ☐ Renewal		Social Security Number
Last Name, First Name, Middle Initial		Date of Birth
Complete Home Address (Street, City, State, Zip)		
Position Held:	Member-in-Charge? ☐ Yes ☐ No	Phone Number(s): ( ) - Alternate: ( ) -
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 LA.R.S. 4:701 *et seq* as well as the corresponding regulations contained within LAC 42:1.1701 *et seq.* 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. ☐ Yes ☐ No		
Signature (officials to be deleted from your organization do not have to sign) X		Date

Please check the purpose of this revision: ☐ Change Position ☐ New Official ☐ Delete Official ☐ Renewal		Social Security Number
Last Name, First Name, Middle Initial		Date of Birth
Complete Home Address (Street, City, State, Zip)		
Position Held:	Member-in-Charge? ☐ Yes ☐ No	Phone Number(s): ( ) - Alternate: ( ) -
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 LA.R.S. 4:701 *et seq* as well as the corresponding regulations contained within LAC 42:1.1701 *et seq.* 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. ☐ Yes ☐ No		
Signature (officials to be deleted from your organization do not have to sign) X		Date

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Organization Members Assisting In Gaming Information Sheet

STATE LICENSE NUMBER: G-_____ ORGANIZATION NAME: _____

OFFICIAL SIGNATURE OF EXISTING OFFICER: X_____

- Please amend your organization's list of members assisting in gaming as often as necessary to keep the Office of Charitable Gaming current.
- It is ***not necessary*** to include any officials you listed on the "*Organization Officials Information Sheet"(Page 2)*.
- 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.

Name (Last, First, MI) *Please Print*		Home Address (Street, City, State, and Zip)
Social Security Number	Date of Birth	Please check the appropriate action: ☐ Add ☐ Delete ☐ Renew

Name (Last, First, MI) *Please Print*		Home Address (Street, City, State, and Zip)
Social Security Number	Date of Birth	Please check the appropriate action: ☐ Add ☐ Delete ☐ Renew

Name (Last, First, MI) *Please Print*		Home Address (Street, City, State, and Zip)
Social Security Number	Date of Birth	Please check the appropriate action: ☐ Add ☐ Delete ☐ Renew

Name (Last, First, MI) *Please Print*		Home Address (Street, City, State, and Zip)
Social Security Number	Date of Birth	Please check the appropriate action: ☐ Add ☐ Delete ☐ Renew

Name (Last, First, MI) *Please Print*		Home Address (Street, City, State, and Zip)
Social Security Number	Date of Birth	Please check the appropriate action: ☐ Add ☐ Delete ☐ Renew

Name (Last, First, MI) *Please Print*		Home Address (Street, City, State, and Zip)
Social Security Number	Date of Birth	Please check the appropriate action: ☐ Add ☐ Delete ☐ Renew

Name (Last, First, MI) *Please Print*		Home Address (Street, City, State, and Zip)
Social Security Number	Date of Birth	Please check the appropriate action: ☐ Add ☐ Delete ☐ Renew

Name (Last, First, MI) *Please Print*		Home Address (Street, City, State, and Zip)
Social Security Number	Date of Birth	Please check the appropriate action: ☐ Add ☐ Delete ☐ Renew

Revised 3/04

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LOCATION/SESSION SCHEDULE CHECKLIST

The following checklist has been developed to assist you when preparing and submitting a **Location/Session Schedule Form.**

☐ 1. Please include your State License Number **(EX: G-0005670)**, if applicable.

☐ 2. A correct fax number must be provided in order for the Office of Charitable Gaming to fax a license.

☐ 3. Organization Official must complete the amount of rent per session and provide a lease, if applicable. If organization is requesting to *add or delete* a session(s), *organization official and commercial lessor or non-commercial lessor* **must** authorize approval of session(s) and submit to the Office of Charitable Gaming.

☐ 4. List **all** dates and times of events **(Circle a.m. or p.m.).** Organization shall list starting time of session as time the organization will begin selling paper.

☐ 5. **Additional Location/Session Schedule**
   A. If organization has events at more than one location, complete a form for each location and include lease agreement, if applicable.
   B. List all license dates, times and length of sessions for each additional location.

☐ 6. **Lease Agreement**
   A. If organization is paying rent for any location, please submit a signed lease agreement.
   B. Lease agreements must include all dates and times organization is to conduct gaming activities.

☐ 7. **When changing schedule of dates and times, give specific dates and times.**
   A. Circle add or delete
   B. Circle a.m. or p.m.
   C. Circle the length of session: 2 hours, 4 hours or 6 hours
   D. Approved official or member-in-charge of the organization must sign form.
   E. Commercial or Non-commercial lessor must sign form or provide new lease with change on it.
   F. When modifying session time **only**, please indicate change in the **Comments Section** of this form.

☐ 8. A **$25 check,** made payable to *"Office of Charitable Gaming",* must accompany the **second and any additional revisions** to your license.

☐ 9. If explanation of any answer is needed, please do so in the **Comments Section**.

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Location/Session Schedule

☐ ORIGINAL APPLICATION
☐ RENEWAL
☐ MODIFY APPLICATION

FISCAL YEAR 7/1/____ - 6/30/____
STATE LICENSE NUMBER:
G- _____

****** Please use one form per location where games are played ******

Name of Organization			Organization Fax Number (where you want the license faxed) ( )
Name of Building Where Games are Conducted	Owner of Building (Lessor)	Building Phone # ( )	Building Fax Number ( )
Physical Address of Building (Include City & Zip Code)			Gaming Parish
Does your organization participate in a progressive bingo? ☐ Yes ☐ No	Amount of rent per session: $_____ (Attach copy of rental or lease agreement)		☐ Check here if building is owned by organization or provided free of charge.

- **Revisions not completed properly may cause a delay in receiving your license.**
- **A $25 check, made payable to "Office of Charitable Gaming", must accompany the second and additional revisions to your license.**
- **This form must be signed by an organization official and the commercial or non-commercial lessor.**

Organization Official (print)	Signature X	Date	Daytime Phone # ( )
Commercial/Non-Commercial Lessor *(only required on modifications)*	Signature X	Date	Daytime Phone # ( )

Comments: _____

_____

_____

DO NOT WRITE BELOW THIS LINE

Check Number _____
Receipt Number _____
Date Entered _____
Initials _____

☐ APPROVED
☐ DENIED Due to: ☐ Conflicting Times ☐ No Modification Fee ☐ No Signature ☐ Other

Approved by: _____ Date: _____

Revised 3/04

State License Number G- _____ Organization Name _____

Name of Building Where Games are Conducted: _____

Holidays listed are for your information only. Sessions may be scheduled on these days.

JULY 2004

DATE		BEGIN TIME		SESSION LENGTH	ADD/ DELETE SESSION
THU	1	:	AM PM	2 4 6	ADD DELETE
FRI	2	:	AM PM	2 4 6	ADD DELETE
SAT	3	:	AM PM	2 4 6	ADD DELETE
SUN	4	INDEPEN. DAY	AM PM	2 4 6	ADD DELETE
MON	5	:	AM PM	2 4 6	ADD DELETE
TUE	6	:	AM PM	2 4 6	ADD DELETE
WED	7	:	AM PM	2 4 6	ADD DELETE
THU	8	:	AM PM	2 4 6	ADD DELETE
FRI	9	:	AM PM	2 4 6	ADD DELETE
SAT	10	:	AM PM	2 4 6	ADD DELETE
SUN	11	:	AM PM	2 4 6	ADD DELETE
MON	12	:	AM PM	2 4 6	ADD DELETE
TUE	13	:	AM PM	2 4 6	ADD DELETE
WED	14	:	AM PM	2 4 6	ADD DELETE
THU	15	:	AM PM	2 4 6	ADD DELETE
FRI	16	:	AM PM	2 4 6	ADD DELETE
SAT	17	:	AM PM	2 4 6	ADD DELETE
SUN	18	:	AM PM	2 4 6	ADD DELETE
MON	19	:	AM PM	2 4 6	ADD DELETE
TUE	20	:	AM PM	2 4 6	ADD DELETE
WED	21	:	AM PM	2 4 6	ADD DELETE
THU	22	:	AM PM	2 4 6	ADD DELETE
FRI	23	:	AM PM	2 4 6	ADD DELETE
SAT	24	:	AM PM	2 4 6	ADD DELETE
SUN	25	:	AM PM	2 4 6	ADD DELETE
MON	26	:	AM PM	2 4 6	ADD DELETE
TUE	27	:	AM PM	2 4 6	ADD DELETE
WED	28	:	AM PM	2 4 6	ADD DELETE
THU	29	:	AM PM	2 4 6	ADD DELETE
FRI	30	:	AM PM	2 4 6	ADD DELETE
SAT	31	:	AM PM	2 4 6	ADD DELETE

AUGUST 2004

DATE		BEGIN TIME		SESSION LENGTH	ADD/ DELETE SESSION
SUN	1	:	AM PM	2 4 6	ADD DELETE
MON	2	:	AM PM	2 4 6	ADD DELETE
TUE	3	:	AM PM	2 4 6	ADD DELETE
WED	4	:	AM PM	2 4 6	ADD DELETE
THU	5	:	AM PM	2 4 6	ADD DELETE
FRI	6	:	AM PM	2 4 6	ADD DELETE
SAT	7	:	AM PM	2 4 6	ADD DELETE
SUN	8	:	AM PM	2 4 6	ADD DELETE
MON	9	:	AM PM	2 4 6	ADD DELETE
TUE	10	:	AM PM	2 4 6	ADD DELETE
WED	11	:	AM PM	2 4 6	ADD DELETE
THU	12	:	AM PM	2 4 6	ADD DELETE
FRI	13	:	AM PM	2 4 6	ADD DELETE
SAT	14	:	AM PM	2 4 6	ADD DELETE
SUN	15	:	AM PM	2 4 6	ADD DELETE
MON	16	:	AM PM	2 4 6	ADD DELETE
TUE	17	:	AM PM	2 4 6	ADD DELETE
WED	18	:	AM PM	2 4 6	ADD DELETE
THU	19	:	AM PM	2 4 6	ADD DELETE
FRI	20	:	AM PM	2 4 6	ADD DELETE
SAT	21	:	AM PM	2 4 6	ADD DELETE
SUN	22	:	AM PM	2 4 6	ADD DELETE
MON	23	:	AM PM	2 4 6	ADD DELETE
TUE	24	:	AM PM	2 4 6	ADD DELETE
WED	25	:	AM PM	2 4 6	ADD DELETE
THU	26	:	AM PM	2 4 6	ADD DELETE
FRI	27	:	AM PM	2 4 6	ADD DELETE
SAT	28	:	AM PM	2 4 6	ADD DELETE
SUN	29	:	AM PM	2 4 6	ADD DELETE
MON	30	:	AM PM	2 4 6	ADD DELETE
TUE	31	:	AM PM	2 4 6	ADD DELETE

SEPTEMBER 2004

DATE		BEGIN TIME		SESSION LENGTH	ADD/ DELETE SESSION
WED	1	:	AM PM	2 4 6	ADD DELETE
THU	2	:	AM PM	2 4 6	ADD DELETE
FRI	3	:	AM PM	2 4 6	ADD DELETE
SAT	4	:	AM PM	2 4 6	ADD DELETE
SUN	5	:	AM PM	2 4 6	ADD DELETE
MON	6	LABOR DAY	AM PM	2 4 6	ADD DELETE
TUE	7	:	AM PM	2 4 6	ADD DELETE
WED	8	:	AM PM	2 4 6	ADD DELETE
THU	9	:	AM PM	2 4 6	ADD DELETE
FRI	10	:	AM PM	2 4 6	ADD DELETE
SAT	11	:	AM PM	2 4 6	ADD DELETE
SUN	12	:	AM PM	2 4 6	ADD DELETE
MON	13	:	AM PM	2 4 6	ADD DELETE
TUE	14	:	AM PM	2 4 6	ADD DELETE
WED	15	:	AM PM	2 4 6	ADD DELETE
THU	16	:	AM PM	2 4 6	ADD DELETE
FRI	17	:	AM PM	2 4 6	ADD DELETE
SAT	18	:	AM PM	2 4 6	ADD DELETE
SUN	19	:	AM PM	2 4 6	ADD DELETE
MON	20	:	AM PM	2 4 6	ADD DELETE
TUE	21	:	AM PM	2 4 6	ADD DELETE
WED	22	:	AM PM	2 4 6	ADD DELETE
THU	23	:	AM PM	2 4 6	ADD DELETE
FRI	24	:	AM PM	2 4 6	ADD DELETE
SAT	25	:	AM PM	2 4 6	ADD DELETE
SUN	26	:	AM PM	2 4 6	ADD DELETE
MON	27	:	AM PM	2 4 6	ADD DELETE
TUE	28	:	AM PM	2 4 6	ADD DELETE
WED	29	:	AM PM	2 4 6	ADD DELETE
THU	30	:	AM PM	2 4 6	ADD DELETE

Holidays listed are for your information only. Sessions may be scheduled on these days.

X_____ X_____

Organization Official Approval Lessor (Hall) Approval *(only required for modifications)*

State License Number G- _____ Organization Name _____

Name of Building Where Games are Conducted: _____

Holidays listed are for your information only. Sessions may be scheduled on these days.

OCTOBER 2004

DATE		BEGIN TIME		SESSION LENGTH	ADD/ DELETE SESSION
FRI	1	:	AM PM	2 4 6	ADD DELETE
SAT	2	:	AM PM	2 4 6	ADD DELETE
SUN	3	:	AM PM	2 4 6	ADD DELETE
MON	4	:	AM PM	2 4 6	ADD DELETE
TUE	5	:	AM PM	2 4 6	ADD DELETE
WED	6	:	AM PM	2 4 6	ADD DELETE
THU	7	:	AM PM	2 4 6	ADD DELETE
FRI	8	:	AM PM	2 4 6	ADD DELETE
SAT	9	:	AM PM	2 4 6	ADD DELETE
SUN	10	:	AM PM	2 4 6	ADD DELETE
MON	11	COLUMBUS DAY	AM PM	2 4 6	ADD DELETE
TUE	12	:	AM PM	2 4 6	ADD DELETE
WED	13	:	AM PM	2 4 6	ADD DELETE
THU	14	:	AM PM	2 4 6	ADD DELETE
FRI	15	:	AM PM	2 4 6	ADD DELETE
SAT	16	:	AM PM	2 4 6	ADD DELETE
SUN	17	:	AM PM	2 4 6	ADD DELETE
MON	18	:	AM PM	2 4 6	ADD DELETE
TUE	19	:	AM PM	2 4 6	ADD DELETE
WED	20	:	AM PM	2 4 6	ADD DELETE
THU	21	:	AM PM	2 4 6	ADD DELETE
FRI	22	:	AM PM	2 4 6	ADD DELETE
SAT	23	:	AM PM	2 4 6	ADD DELETE
SUN	24	:	AM PM	2 4 6	ADD DELETE
MON	25	:	AM PM	2 4 6	ADD DELETE
TUE	26	:	AM PM	2 4 6	ADD DELETE
WED	27	:	AM PM	2 4 6	ADD DELETE
THU	28	:	AM PM	2 4 6	ADD DELETE
FRI	29	:	AM PM	2 4 6	ADD DELETE
SAT	30	:	AM PM	2 4 6	ADD DELETE
SUN	31	HALLOWEEN	AM PM	2 4 6	ADD DELETE

NOVEMBER 2004

DATE		BEGIN TIME		SESSION LENGTH	ADD/ DELETE SESSION
MON	1	ALL SAINT'S DAY	AM PM	2 4 6	ADD DELETE
TUE	2	:	AM PM	2 4 6	ADD DELETE
WED	3	:	AM PM	2 4 6	ADD DELETE
THU	4	:	AM PM	2 4 6	ADD DELETE
FRI	5	:	AM PM	2 4 6	ADD DELETE
SAT	6	:	AM PM	2 4 6	ADD DELETE
SUN	7	:	AM PM	2 4 6	ADD DELETE
MON	8	:	AM PM	2 4 6	ADD DELETE
TUE	9	:	AM PM	2 4 6	ADD DELETE
WED	10	:	AM PM	2 4 6	ADD DELETE
THU	11	VETERAN'S DAY	AM PM	2 4 6	ADD DELETE
FRI	12	:	AM PM	2 4 6	ADD DELETE
SAT	13	:	AM PM	2 4 6	ADD DELETE
SUN	14	:	AM PM	2 4 6	ADD DELETE
MON	15	:	AM PM	2 4 6	ADD DELETE
TUE	16	:	AM PM	2 4 6	ADD DELETE
WED	17	:	AM PM	2 4 6	ADD DELETE
THU	18	:	AM PM	2 4 6	ADD DELETE
FRI	19	:	AM PM	2 4 6	ADD DELETE
SAT	20	:	AM PM	2 4 6	ADD DELETE
SUN	21	:	AM PM	2 4 6	ADD DELETE
MON	22	:	AM PM	2 4 6	ADD DELETE
TUE	23	:	AM PM	2 4 6	ADD DELETE
WED	24	:	AM PM	2 4 6	ADD DELETE
THU	25	THANKSGIVING	AM PM	2 4 6	ADD DELETE
FRI	26	:	AM PM	2 4 6	ADD DELETE
SAT	27	:	AM PM	2 4 6	ADD DELETE
SUN	28	:	AM PM	2 4 6	ADD DELETE
MON	29	:	AM PM	2 4 6	ADD DELETE
TUE	30	:	AM PM	2 4 6	ADD DELETE
					ADD DELETE

DECEMBER 2004

DATE		BEGIN TIME		SESSION LENGTH	ADD/ DELETE SESSION
WED	1	:	AM PM	2 4 6	ADD DELETE
THU	2	:	AM PM	2 4 6	ADD DELETE
FRI	3	:	AM PM	2 4 6	ADD DELETE
SAT	4	:	AM PM	2 4 6	ADD DELETE
SUN	5	:	AM PM	2 4 6	ADD DELETE
MON	6	:	AM PM	2 4 6	ADD DELETE
TUE	7	:	AM PM	2 4 6	ADD DELETE
WED	8	HANUKKAH	AM PM	2 4 6	ADD DELETE
THU	9	:	AM PM	2 4 6	ADD DELETE
FRI	10	:	AM PM	2 4 6	ADD DELETE
SAT	11	:	AM PM	2 4 6	ADD DELETE
SUN	12	:	AM PM	2 4 6	ADD DELETE
MON	13	:	AM PM	2 4 6	ADD DELETE
TUE	14	:	AM PM	2 4 6	ADD DELETE
WED	15	:	AM PM	2 4 6	ADD DELETE
THU	16	:	AM PM	2 4 6	ADD DELETE
FRI	17	:	AM PM	2 4 6	ADD DELETE
SAT	18	:	AM PM	2 4 6	ADD DELETE
SUN	19	:	AM PM	2 4 6	ADD DELETE
MON	20	:	AM PM	2 4 6	ADD DELETE
TUE	21	:	AM PM	2 4 6	ADD DELETE
WED	22	:	AM PM	2 4 6	ADD DELETE
THU	23	:	AM PM	2 4 6	ADD DELETE
FRI	24	CHRISTMAS EVE	AM PM	2 4 6	ADD DELETE
SAT	25	CHRISTMAS DAY	AM PM	2 4 6	ADD DELETE
SUN	26	KWANZAA	AM PM	2 4 6	ADD DELETE
MON	27	:	AM PM	2 4 6	ADD DELETE
TUE	28	:	AM PM	2 4 6	ADD DELETE
WED	29	:	AM PM	2 4 6	ADD DELETE
THU	30	:	AM PM	2 4 6	ADD DELETE
FRI	31	NEW YEAR'S EVE	AM PM	2 4 6	ADD DELETE

Holidays listed are for your information only. Sessions may be scheduled on these days.

X_____ X_____

Organization Official Approval Lessor (Hall) Approval *(only required for modifications)*

State License Number G- _____ Organization Name _____

Name of Building Where Games are Conducted: _____

Holidays listed are for your information only. Sessions may be scheduled on these days.

JANUARY 2005

DATE		BEGIN TIME		SESSION LENGTH	ADD/ DELETE SESSION
SAT	1	NEW YEAR'S DAY	AM PM	2 4 6	ADD DELETE
SUN	2	:	AM PM	2 4 6	ADD DELETE
MON	3	:	AM PM	2 4 6	ADD DELETE
TUE	4	:	AM PM	2 4 6	ADD DELETE
WED	5	:	AM PM	2 4 6	ADD DELETE
THU	6	:	AM PM	2 4 6	ADD DELETE
FRI	7	:	AM PM	2 4 6	ADD DELETE
SAT	8	:	AM PM	2 4 6	ADD DELETE
SUN	9	:	AM PM	2 4 6	ADD DELETE
MON	10	:	AM PM	2 4 6	ADD DELETE
TUE	11	:	AM PM	2 4 6	ADD DELETE
WED	12	:	AM PM	2 4 6	ADD DELETE
THU	13	:	AM PM	2 4 6	ADD DELETE
FRI	14	:	AM PM	2 4 6	ADD DELETE
SAT	15	:	AM PM	2 4 6	ADD DELETE
SUN	16	:	AM PM	2 4 6	ADD DELETE
MON	17	MARTIN LUTHER KING, JR. DAY	AM PM	2 4 6	ADD DELETE
TUE	18	:	AM PM	2 4 6	ADD DELETE
WED	19	:	AM PM	2 4 6	ADD DELETE
THU	20	:	AM PM	2 4 6	ADD DELETE
FRI	21	:	AM PM	2 4 6	ADD DELETE
SAT	22	:	AM PM	2 4 6	ADD DELETE
SUN	23	:	AM PM	2 4 6	ADD DELETE
MON	24	:	AM PM	2 4 6	ADD DELETE
TUE	25	:	AM PM	2 4 6	ADD DELETE
WED	26	:	AM PM	2 4 6	ADD DELETE
THU	27	:	AM PM	2 4 6	ADD DELETE
FRI	28	:	AM PM	2 4 6	ADD DELETE
SAT	29	:	AM PM	2 4 6	ADD DELETE
SUN	30	:	AM PM	2 4 6	ADD DELETE
MON	31	:	AM PM	2 4 6	ADD DELETE

FEBRUARY 2005

DATE		BEGIN TIME		SESSION LENGTH	ADD/ DELETE SESSION
TUE	1	:	AM PM	2 4 6	ADD DELETE
WED	2	:	AM PM	2 4 6	ADD DELETE
THU	3	:	AM PM	2 4 6	ADD DELETE
FRI	4	:	AM PM	2 4 6	ADD DELETE
SAT	5	:	AM PM	2 4 6	ADD DELETE
SUN	6	:	AM PM	2 4 6	ADD DELETE
MON	7	:	AM PM	2 4 6	ADD DELETE
TUE	8	MARDI GRAS	AM PM	2 4 6	ADD DELETE
WED	9	ASH WEDNESDAY	AM PM	2 4 6	ADD DELETE
THU	10	:	AM PM	2 4 6	ADD DELETE
FRI	11	:	AM PM	2 4 6	ADD DELETE
SAT	12	:	AM PM	2 4 6	ADD DELETE
SUN	13	:	AM PM	2 4 6	ADD DELETE
MON	14	VALENTINE'S DAY	AM PM	2 4 6	ADD DELETE
TUE	15	:	AM PM	2 4 6	ADD DELETE
WED	16	:	AM PM	2 4 6	ADD DELETE
THU	17	:	AM PM	2 4 6	ADD DELETE
FRI	18	:	AM PM	2 4 6	ADD DELETE
SAT	19	:	AM PM	2 4 6	ADD DELETE
SUN	20	:	AM PM	2 4 6	ADD DELETE
MON	21	PRESIDENT'S DAY	AM PM	2 4 6	ADD DELETE
TUE	22	:	AM PM	2 4 6	ADD DELETE
WED	23	:	AM PM	2 4 6	ADD DELETE
THU	24	:	AM PM	2 4 6	ADD DELETE
FRI	25	:	AM PM	2 4 6	ADD DELETE
SAT	26	:	AM PM	2 4 6	ADD DELETE
SUN	27	:	AM PM	2 4 6	ADD DELETE
MON	28	:	AM PM	2 4 6	ADD DELETE

MARCH 2005

DATE		BEGIN TIME		SESSION LENGTH	ADD/ DELETE SESSION
TUE	1	:	AM PM	2 4 6	ADD DELETE
WED	2	:	AM PM	2 4 6	ADD DELETE
THU	3	:	AM PM	2 4 6	ADD DELETE
FRI	4	:	AM PM	2 4 6	ADD DELETE
SAT	5	:	AM PM	2 4 6	ADD DELETE
SUN	6	:	AM PM	2 4 6	ADD DELETE
MON	7	:	AM PM	2 4 6	ADD DELETE
TUE	8	:	AM PM	2 4 6	ADD DELETE
WED	9	:	AM PM	2 4 6	ADD DELETE
THU	10	:	AM PM	2 4 6	ADD DELETE
FRI	11	:	AM PM	2 4 6	ADD DELETE
SAT	12	:	AM PM	2 4 6	ADD DELETE
SUN	13	:	AM PM	2 4 6	ADD DELETE
MON	14	:	AM PM	2 4 6	ADD DELETE
TUE	15	:	AM PM	2 4 6	ADD DELETE
WED	16	:	AM PM	2 4 6	ADD DELETE
THU	17	:	AM PM	2 4 6	ADD DELETE
FRI	18	:	AM PM	2 4 6	ADD DELETE
SAT	19	:	AM PM	2 4 6	ADD DELETE
SUN	20	:	AM PM	2 4 6	ADD DELETE
MON	21	:	AM PM	2 4 6	ADD DELETE
TUE	22	:	AM PM	2 4 6	ADD DELETE
WED	23	:	AM PM	2 4 6	ADD DELETE
THU	24	:	AM PM	2 4 6	ADD DELETE
FRI	25	GOOD FRIDAY	AM PM	2 4 6	ADD DELETE
SAT	26	:	AM PM	2 4 6	ADD DELETE
SUN	27	EASTER	AM PM	2 4 6	ADD DELETE
MON	28	:	AM PM	2 4 6	ADD DELETE
TUE	29	:	AM PM	2 4 6	ADD DELETE
WED	30	:	AM PM	2 4 6	ADD DELETE
THU	31	:	AM PM	2 4 6	ADD DELETE

Holidays listed are for your information only. Sessions may be scheduled on these days.

X_____ X_____

Organization Official Approval Lessor (Hall) Approval *(only required for modifications)*

State License Number G- _____ Organization Name _____

Name of Building Where Games are Conducted: _____

Holidays listed are for your information only. Sessions may be scheduled on these days.

APRIL 2005

DATE		BEGIN TIME		SESSION LENGTH	ADD/ DELETE SESSION
FRI	1	:	AM PM	2 4 6	ADD DELETE
SAT	2	:	AM PM	2 4 6	ADD DELETE
SUN	3	:	AM PM	2 4 6	ADD DELETE
MON	4	:	AM PM	2 4 6	ADD DELETE
TUE	5	:	AM PM	2 4 6	ADD DELETE
WED	6	:	AM PM	2 4 6	ADD DELETE
THU	7	:	AM PM	2 4 6	ADD DELETE
FRI	8	:	AM PM	2 4 6	ADD DELETE
SAT	9	:	AM PM	2 4 6	ADD DELETE
SUN	10	:	AM PM	2 4 6	ADD DELETE
MON	11	:	AM PM	2 4 6	ADD DELETE
TUE	12	:	AM PM	2 4 6	ADD DELETE
WED	13	:	AM PM	2 4 6	ADD DELETE
THU	14	:	AM PM	2 4 6	ADD DELETE
FRI	15	:	AM PM	2 4 6	ADD DELETE
SAT	16	:	AM PM	2 4 6	ADD DELETE
SUN	17	:	AM PM	2 4 6	ADD DELETE
MON	18	:	AM PM	2 4 6	ADD DELETE
TUE	19	:	AM PM	2 4 6	ADD DELETE
WED	20	:	AM PM	2 4 6	ADD DELETE
THU	21	:	AM PM	2 4 6	ADD DELETE
FRI	22	:	AM PM	2 4 6	ADD DELETE
SAT	23	:	AM PM	2 4 6	ADD DELETE
SUN	24	:	AM PM	2 4 6	ADD DELETE
MON	25	:	AM PM	2 4 6	ADD DELETE
TUE	26	:	AM PM	2 4 6	ADD DELETE
WED	27	:	AM PM	2 4 6	ADD DELETE
THU	28	:	AM PM	2 4 6	ADD DELETE
FRI	29	:	AM PM	2 4 6	ADD DELETE
SAT	30	:	AM PM	2 4 6	ADD DELETE

MAY 2005

DATE		BEGIN TIME		SESSION LENGTH	ADD/ DELETE SESSION
SUN	1	:	AM PM	2 4 6	ADD DELETE
MON	2	:	AM PM	2 4 6	ADD DELETE
TUE	3	:	AM PM	2 4 6	ADD DELETE
WED	4	:	AM PM	2 4 6	ADD DELETE
THU	5	:	AM PM	2 4 6	ADD DELETE
FRI	6	:	AM PM	2 4 6	ADD DELETE
SAT	7	:	AM PM	2 4 6	ADD DELETE
SUN	8	MOTHER'S DAY	AM PM	2 4 6	ADD DELETE
MON	9	:	AM PM	2 4 6	ADD DELETE
TUE	10	:	AM PM	2 4 6	ADD DELETE
WED	11	:	AM PM	2 4 6	ADD DELETE
THU	12	:	AM PM	2 4 6	ADD DELETE
FRI	13	:	AM PM	2 4 6	ADD DELETE
SAT	14	:	AM PM	2 4 6	ADD DELETE
SUN	15	:	AM PM	2 4 6	ADD DELETE
MON	16	:	AM PM	2 4 6	ADD DELETE
TUE	17	:	AM PM	2 4 6	ADD DELETE
WED	18	:	AM PM	2 4 6	ADD DELETE
THU	19	:	AM PM	2 4 6	ADD DELETE
FRI	20	:	AM PM	2 4 6	ADD DELETE
SAT	21	:	AM PM	2 4 6	ADD DELETE
SUN	22	:	AM PM	2 4 6	ADD DELETE
MON	23	:	AM PM	2 4 6	ADD DELETE
TUE	24	:	AM PM	2 4 6	ADD DELETE
WED	25	:	AM PM	2 4 6	ADD DELETE
THU	26	:	AM PM	2 4 6	ADD DELETE
FRI	27	:	AM PM	2 4 6	ADD DELETE
SAT	28	:	AM PM	2 4 6	ADD DELETE
SUN	29	:	AM PM	2 4 6	ADD DELETE
MON	30	MEMORIAL DAY	AM PM	2 4 6	ADD DELETE
TUE	31	:	AM PM	2 4 6	ADD DELETE

JUNE 2005

DATE		BEGIN TIME		SESSION LENGTH	ADD/ DELETE SESSION
WED	1	:	AM PM	2 4 6	ADD DELETE
THU	2	:	AM PM	2 4 6	ADD DELETE
FRI	3	:	AM PM	2 4 6	ADD DELETE
SAT	4	:	AM PM	2 4 6	ADD DELETE
SUN	5	:	AM PM	2 4 6	ADD DELETE
MON	6	:	AM PM	2 4 6	ADD DELETE
TUE	7	:	AM PM	2 4 6	ADD DELETE
WED	8	:	AM PM	2 4 6	ADD DELETE
THU	9	:	AM PM	2 4 6	ADD DELETE
FRI	10	:	AM PM	2 4 6	ADD DELETE
SAT	11	:	AM PM	2 4 6	ADD DELETE
SUN	12	:	AM PM	2 4 6	ADD DELETE
MON	13	:	AM PM	2 4 6	ADD DELETE
TUE	14	:	AM PM	2 4 6	ADD DELETE
WED	15	:	AM PM	2 4 6	ADD DELETE
THU	16	:	AM PM	2 4 6	ADD DELETE
FRI	17	:	AM PM	2 4 6	ADD DELETE
SAT	18	:	AM PM	2 4 6	ADD DELETE
SUN	19	FATHER'S DAY	AM PM	2 4 6	ADD DELETE
MON	20	:	AM PM	2 4 6	ADD DELETE
TUE	21	:	AM PM	2 4 6	ADD DELETE
WED	22	:	AM PM	2 4 6	ADD DELETE
THU	23	:	AM PM	2 4 6	ADD DELETE
FRI	24	:	AM PM	2 4 6	ADD DELETE
SAT	25	:	AM PM	2 4 6	ADD DELETE
SUN	26	:	AM PM	2 4 6	ADD DELETE
MON	27	:	AM PM	2 4 6	ADD DELETE
TUE	28	:	AM PM	2 4 6	ADD DELETE
WED	29	:	AM PM	2 4 6	ADD DELETE
THU	30	:	AM PM	2 4 6	ADD DELETE

Holidays listed are for your information only. Sessions may be scheduled on these days.

X_____ X_____

Organization Official Approval Lessor (Hall) Approval *(only required for modifications)*

R-50002 (8/00)

State of Louisiana
Department of Revenue
Office of Charitable Gaming
P.O. Box 98502 Baton Rouge, LA 70884-9502

Actual Physical Count of all Inventory on Hand and Assigned Fixed Value of Gaming Supplies

Name of organization	License number **G-**

Note: If the face of the card (where the numbers are printed) is white, the paper is non-colored (NC). If the face of the card (where the numbers are printed) is colored or tinted, the paper is colored (C). Colored borders or edges **ARE NOT** considered when determining colored or non-colored paper.

PLEASE NOTE THAT THE ASSIGNED FIXED VALUE OF PAPER IS THE PRICE CHARGED PATRONS.

Full description of paper or pull tabs Examples Cut and color 6 on 10 C Cut and series 6 on 10 C (1-9000) Seal cards Bonanza 6 on 1 NC (red) Criss cross Form #300	Assigned fixed value of paper or face value of pull tabs Example: .50, 1.00, 2.00, 10.00	Serial number of paper or pull tabs	Actual quantity on hand

Print name of person taking inventory

Signature of person taking inventory

Title or position with organization

Date inventory taken

Original to be filed with the Office of Charitable Gaming.