



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

Session Schedule

- ORIGINAL APPLICATION
- RENEWAL
- REQUEST CHANGE TO LICENSE

License Year Ending 6/30/20__
 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	Building Phone # ()	Building Fax Number ()
Physical Address of Building (Include City & Zip Code)	Parish of Building	E-mail Address
Amount of rent per session: \$ _____ (Attach copy of rental or lease agreement)	<input type="checkbox"/> Check here if building is owned by organization or provided free of charge.	

1. **Only one FAX per modification.**
2. **Change requests must be submitted no later than 5 business days in advance to guarantee approval.**
3. **Change requests not completed properly will cause a delay in receiving your license.**
4. **The second and subsequent changes to your license must be accompanied by a \$25 check, made payable to "Office of Charitable Gaming" and written on the gaming account.**
5. **This form must be signed by an organization official or Member-In-Charge and the commercial or non-commercial lessor.**
6. **For additional dates, use schedule calendar.**

INDICATE REQUESTED CHANGE:					CHECK ONE:	
DAY	DATE	TIME	Circle one	LENGTH	DELETE	ADD
			AM PM			
			AM PM			

The Office has the right to deny modification if organization is in arrears.

Organization Official (print)	Signature X	Date	Daytime Phone # & Area Code
Commercial/Non-Commercial Lessor <i>(only required on modifications)</i>	Signature X	Date	Daytime Phone # & Area Code

DO NOT WRITE BELOW THIS LINE			
Check Number _____	<input type="checkbox"/> APPROVED	Due to: <input type="checkbox"/> Conflicting Times <input type="checkbox"/> No Modification Fee	
Invoice Number - _____	<input type="checkbox"/> DENIED	<input type="checkbox"/> No Signature <input type="checkbox"/> Other	
Date Entered _____	Approved by: _____		Date: _____
Initials _____	Lease Agreement: _____		Device Agreement: _____