



FISCAL YEAR: 7/1/____ - 6/30/____

OFFICE OF CHARITABLE GAMING LICENSE APPLICATION FOR:

- Non-Video Manufacturer
 Non-Video Distributor
 Private Casino Contractor
 Commercial Lessor
 Original Application
 Renewal
 Modify Application

Previous State License Number - _____

Please type or print all information.

Official Name of Company (including DBA)		Company Federal Tax ID Number	
Physical Address / Location (Street, City, State, Zip Code)		Telephone Number of Company ()	Fax Number of Company ()
Official Mailing Address of Company (Street, City, State, Zip Code)		Parish / County	
Contact Person	Title / Position Held	Contact Email Address	
Mailing Address of Contact Person (Street, City, State, Zip Code)		Office Phone of Contact Person ()	Home Phone of Contact Person ()
Physical Address of Gaming Supplies (Distrib and Manuf Only) Attach list if more than one.		Physical address of gaming facility (Comm. Lessor only)	Parish

The following information will be considered part of the application and must accompany this application.
All information must be filled out completely. Any omission or illegible information will cause delay in approval.
Distributors must be domiciled and reside in the State of Louisiana.

1. Copy of the company's Articles of Incorporation, By-Laws and Charter, if applicable. (New Applicants only)
2. Copy of the company's registration with the Louisiana Secretary of State, if applicable. (New Applicants only)
3. Complete "Company's Official Information Sheet". (page 2)
4. Complete "Company's Stockholder's List". (page 3)
5. Complete "List of Louisiana Employees". (page 4)
6. Include "Statement of Assets and Liabilities" and "Personal History Record" for all owners of more than 5% and the Officials listed on Page 2.
7. Signed copy of most recent Federal Business Income Tax Return for the company. If new company, copy of Personal Income Tax Return of owners with more than 5% ownership.
8. Copy of current signed lease agreement(s) for all gaming related facilities, if applicable.
9. **NON-REFUNDABLE LICENSE APPLICATION FEE:** \$2,500 – Manufacturer \$250 – Distributor
 (Make check payable to: Office of Charitable Gaming) \$ 200 – Private Casino Contractor \$500 – Commercial Lessor

The legally responsible person must sign application in the presence of a notary public.

I have read this 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.

Print Name of Authorized Representative	Position	Signature of authorized representative	Date (must match notary date)
Sworn to and subscribed before me this _____ Day of _____, _____			
_____ Notary Public			

Do not write below this line. For office use only.	
Check Number _____	<input type="checkbox"/> APPROVED
Receipt Number _____	<input type="checkbox"/> DENIED
Date Entered _____	
Initials _____	
Approved by _____ Date _____	