

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

License Year 20	
Original Application	
Renewal	
Modify Application	

## Company Stockholders List

Modify Application

<ol> <li>List ALL stockholders for closely held corporations.</li> <li>For publicly traded corporations, list ALL stockholders owning more than</li> <li>If stock is owned by a company, list individuals and their ownership pe</li> <li>Changes affecting ownership of more than 5% must be filed with the Office</li> </ol>	ercentages.	provided in La	A R.S. 4:718 E.		
Please type or print all information. ATTACH ADDITION	NAL SHEETS AS NEEDED				
Last Name, First Name, Middle Initial	Social Security Number (Required) Date of Birth		f Birth		
Complete Home Address (Street, City, State, Zip Code)	<u> </u>		% of Ownership		
Yes Has there been a substantive change in your Personal or Financial History since last disclosure? (due every three years) If yes, submit changes with this application or submit a new Personal and Financial History disclosure.					
Signature (Required for stockholders with more than 5%)					
Last Name, First Name, Middle Initial	Social Security Number (Require	ed) Date o	f Birth		
Complete Home Address (Street, City, State, Zip Code)		1	% of Ownership		
Yes Has there been a substantive change in your Personal or Financial History since last disclosure? (due every three years) If yes, submit changes with this application or submit a new Personal and Financial History disclosure.					
Signature (Required for stockholders with more than 5%)	Date				
Last Name, First Name, Middle Initial	Social Security Number (Required) Date of Birth		f Birth		
Complete Home Address (Street, City, State, Zip Code)		•	% of Ownership		
Yes Has there been a substantive change in your Personal or Financial History since last disclosure? (due every three years) If yes, submit changes with this application or submit a new Personal and Financial History disclosure.					
Signature (Required for stockholders with more than 5%)		Date			
Last Name, First Name, Middle Initial	Social Security Number (Required) Date of Birth		f Birth		
Complete Home Address (Street, City, State, Zip Code)		<u> </u>	% of Ownership		
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nature (Required for stockholders with more than 5%)		Date			