



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

List of Louisiana Employees

License Number _____ Company Name _____

OFFICIAL SIGNATURE: _____ Contact Phone # _____

- This form must be signed by a current official listed with the Office of Charitable Gaming.
- Any changes in employees must be filed with the Office **within ten (10) days** of the change as provided in LA R.S. 4:718(E).
- It is not necessary to repeat any company's official or company's stockholder listed on the "Company's Official Information Sheet" or the "Company's Stockholders List".

Please type or print all information. All fields are required. Blanks will cause delays. ATTACH ADDITIONAL SHEETS AS NEEDED

Please check the purpose of this revision: <input type="checkbox"/> New Employee <input type="checkbox"/> Inactivate Employee <input type="checkbox"/> Renew			
Last Name, First Name, Middle Initial		Social Security Number	Date of Birth
Complete Home Address (Street, City, State, Zip Code)		Date of Hire	Date of Separation

Please check the purpose of this revision: <input type="checkbox"/> New Employee <input type="checkbox"/> Inactivate Employee <input type="checkbox"/> Renew			
Last Name, First Name, Middle Initial		Social Security Number	Date of Birth
Complete Home Address (Street, City, State, Zip Code)		Date of Hire	Date of Separation

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