



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

License Year 20_____

**Request to Modify
 Video Gaming Device Permit**
****Please complete an application for each device****

Each Request to Modify a Video Gaming Device Permit must be approved before moving device.

Please type or print all information.

Device Make	Device Model	Device Serial Number	EVM Permit Number (if applicable) EVM	Effective Date
Distributor			Distributor License Number	
Physical Address (Street, City, State, Zip Code)			Distributor's FAX Number	
Contact Person			Contact's Phone Number	
Current Location of Device	Current Address		Current Location License Number	
Request to Move Device to:	New Location Address		New Location License Number	
Authorized Representative (Print)	Signature of Authorized Representative		Date	Daytime Phone Number

Provide the name and license number of each organization leasing this device. You may use an attached list if necessary.

Organization	License Number	Organization	License Number

Do not write below this line. For office use only.			
Permit Number EVM	Check Number	Amount	Receipt C-
Signature of personnel authorized to approve transportation of device			Date